

# CONFLICTS CLARIFY

VOLUME XXVII

PALMER

1951

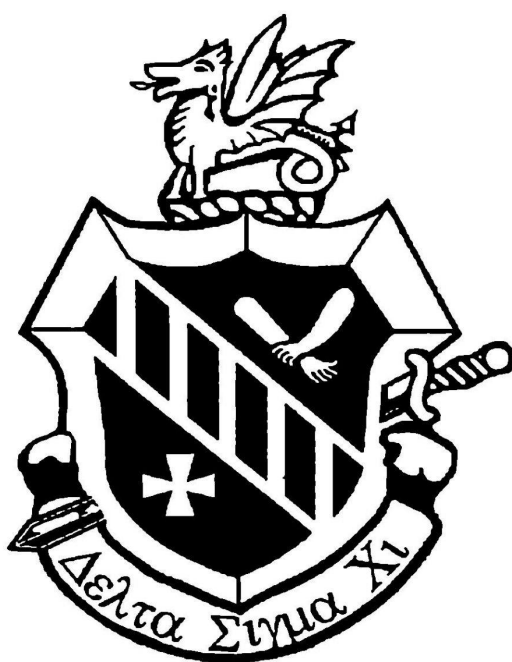


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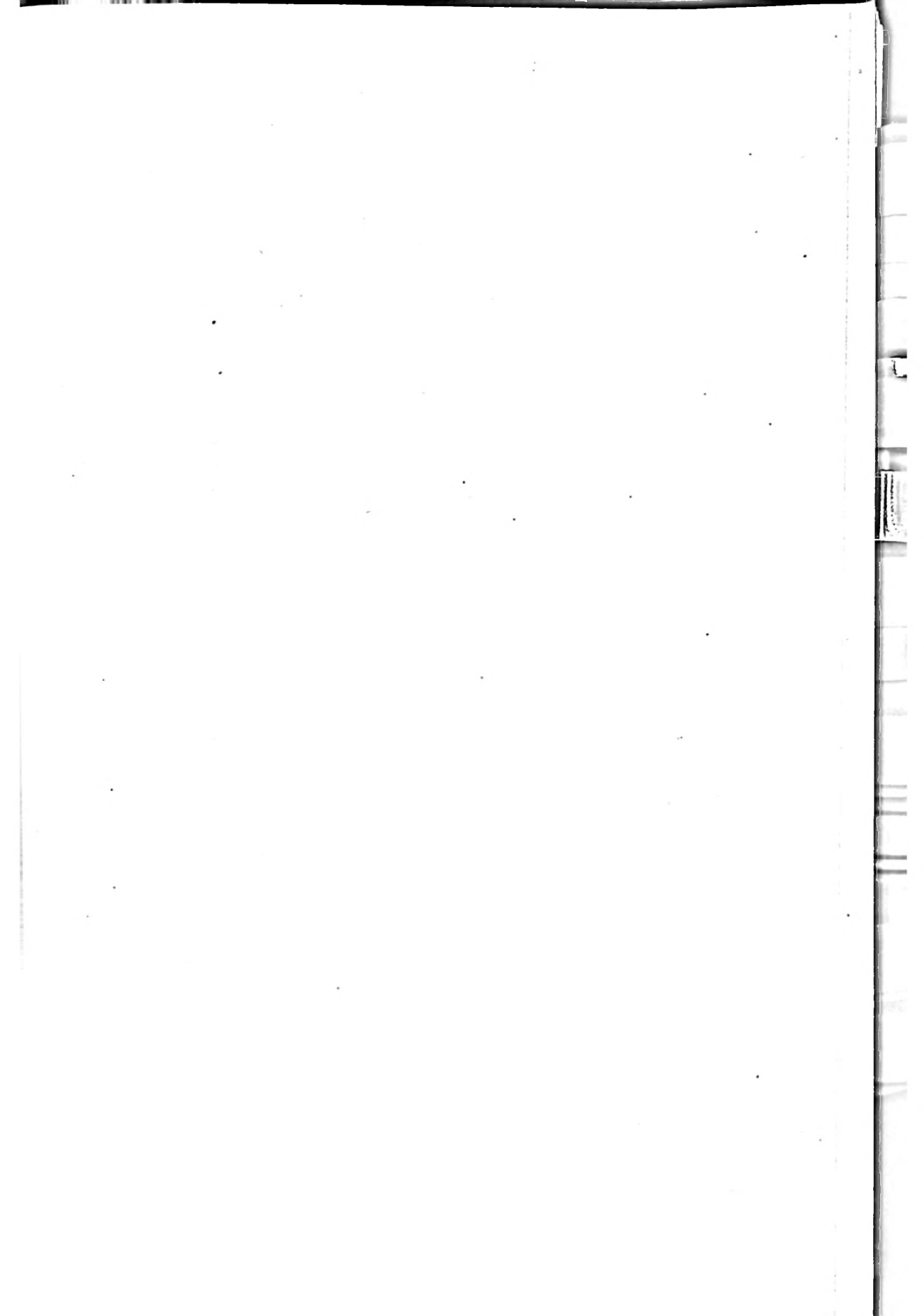
Henry Seymour















*Photographic copy of original oil painting painted by Augustus C. R. Johnson, N. H. City*

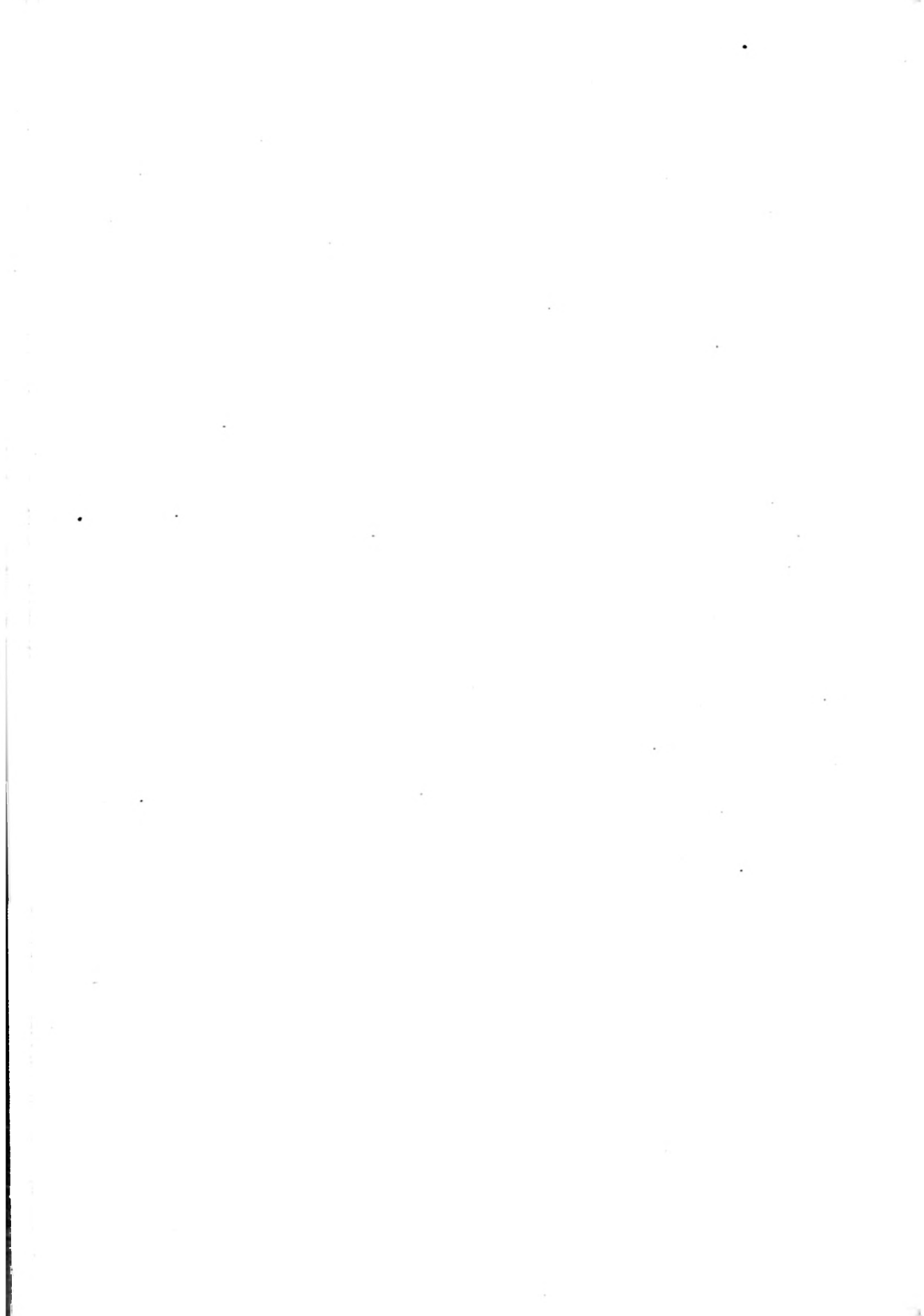
**B. J. PALMER, D. C., M. D.**

*Developer of Chiropractic*

**"B.J. OF DAVENPORT"\***

— philosopher, scientist, artist, builder — the bit of a mortal being  
whom Innate Intelligence developed.

*\*Oil Portrait by Raymond P. R. Neilson Studios, 131 East 66th Street, New York City*



# CONFLICTS CLARIFY

*By*

B. J. PALMER, D.C., Ph.C.

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CHIROPRACTIC FOUNTAIN HEAD  
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## FOREWORD

At the beginning, we anticipate this subject, as presented, will be taken at face value and understood by some, even many of our profession. Many, in our opinion, possess preconceived ideas which need reconstruction.

We record our knowledge, gained through research, of the fundamentals upon which Chiropractic rests as promulgated by our father but never clearly explained by him. By careful reading of his writings, gleanings of these ideas are apparent.

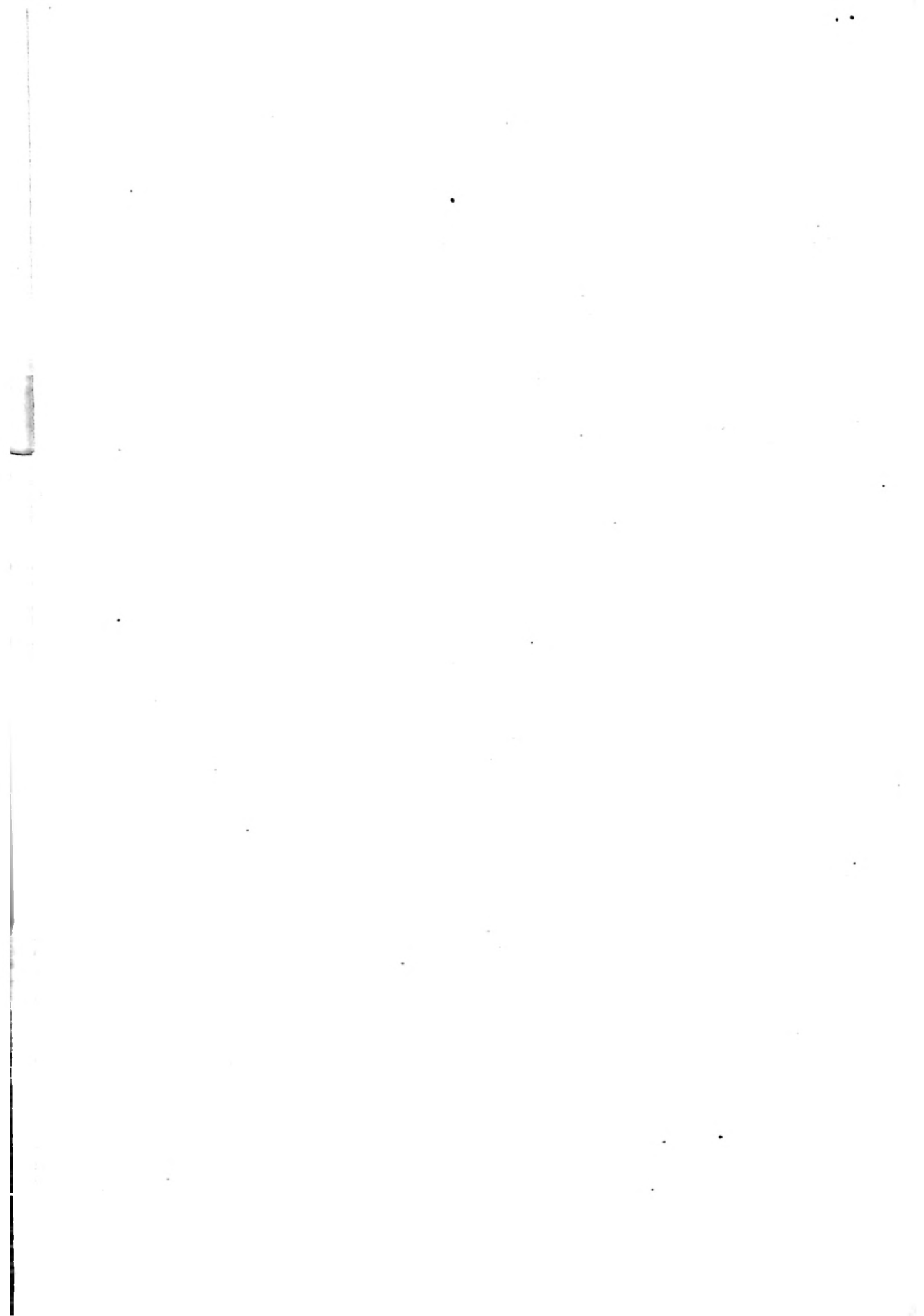
To be consistent with the objective of this book, these are written with WE and US in mind. Ordinarily, "we" and "us" imply and are understood to be TWO different and separate persons. Ordinarily, "I" implies ONE fellow who lives in a material body and runs it. Whenever and wherever "I" is used, we refer to the educated fellow who thinks, speaks and writes for himself alone as one of the two fellows he is. He does so within the limitations of his education. This book, so far as the author is concerned, writes from the duality of personalities — the inseparable, indivisible, Siamese-twin personalities living in one structure — the Innate and Educated individualities.

WE serves several purposes:

1. It eliminates that disgusting and egotistical selfish pronoun "I" which constantly intrudes itself.
2. It permits the author to delineate his concept of the duality of personalities inhabiting one human home.
3. It broadly includes and spreads credit where credit is due, to any, every, and all people who have or are cooperating in building the structures, organizations, institutions, and associations which are an integral part of their lives.

It will be difficult for the reader, as he reads "we", to think "we", because he will constantly interpret it into ordinary channels of that of TWO different and separate people. To read this book and gain viewpoint of its author, reader must know "we" or HE will fail to gain the fundamental purpose of this book.

B. J. PALMER.



## CHAPTER 1

# The Story Of ABNORMALITIES

"Abnormality — not conformable to rule. Anomaly; malformation."

Dunglison.

Studying abnormalities brings us to THE fundamental creation governed by rules; and rules, when universal, are law. If law is allowed full expression, abnormalities could not exist. They are what has occurred when natural law has been sidetracked and then tried to get to the normal destination in best manner possible under the circumstances.

Creation exists always in a superior form to that in which it may be manifested. Created material thing never equals IDEALISTIC thot that tried to bring it forth. In all things created, we find them consisting of two phases — mental half preceding, and physical or material expression superseding or following; or law rules thru commands and this execution thru material substances makes successive steps.

Creation is for purpose of expression — that is the intention — but not all created forces get into expression in normal quantity.

For example, man may wish to make a watch. He must think about the watch, its every wheel, pins, every portion of its case, every spring — all must be thot out. He must see entire ways and means, and must even have watch running, in his mind, before he can proceed to make the intricate object. His attempts to culminate those ideas into a fine piece of mechanism may fall short of his ideal — that is, where perfection does not reach the poetical thots. He reasons, perhaps deductively, on a piece of paper. He must have a certain number of wheels, such a size; a certain number another size; he must have springs of certain strength; so many carats of gold. He figures further that if those are put together in definite form, springs wound, then wheels are going to keep going. He calls this accumulation a watch. It is put on the market and sold as a PRODUCT. Product of what? Product of what mental ability can do with material things.

Anything — be it ever so simple — you use in your home, factory, office, or elsewhere, is a **PRODUCT** of mental thots. Creation mentally, then expression physically.

Man exists with kidneys, stomach, intestines, muscles, ligaments, tendons, cartilages, spleen, liver, heart, etc. Each and every organ had to have a mental creation — a birth. Formerly, they were dust. They have changed form, composition, and function and are differently placed; therefore had to bring various atoms and molecules of matter together to make this organized and specialized compilation. Man is highly organized dust, having in common with all composite objects a spiritual creation. Do you know what dust is? Do you know that within dust is contained possibilities of everything that does exist? Do you realize forces are latent in a speck of dust? Is there proof that a grain of dust cannot evolve into a brain cell? We see marvelous metamorphosis of cocoon into butterfly. Why could not dust evolve (under guidance of intelligence) into Hamlet or Darwin? Finest imaginative brain is only dreaming dust. Grandest philosophers were expressions of intelligences working thru specialized dust. It is more marvelous how dust becomes a brain than how a brain becomes dust. Innate is a grand guide. All is intelligent alchemy. But **WHO** discovered, observed, studied and saw how this alchemist does all these things? Where is the finite mind studying this phase of the union? Evolution teaches that man has intellectually evolved from protoplasm. But what microscope can show the intelligence which directs gathering and organization of matter? If we are to believe medical science, then such could and would come together **WITHOUT A SINGLE THOT** anteceding present state. It was "automatic, sympathetic, or reflective in character," something that **JUST HAPPENED** without intelligence. You will agree it took tall thinking for proper intelligence to conceive of as great a mechanism as we, to conceive necessities we would be up against; therefore, to fulfill that demand, **SOMETHING** studied every detail of our beings and made us. All is study of adaptation by this **INTERNAL THINKER** to the circumstance. This logic leads us to again affirm each of us has a thinking propensity that observes and reasons inductively. We maintain that organs mentioned, and many more, are product of an Innate Intelligence

greater than the educated one we use daily. Innate mind WE cannot use; in fact, do not know how.

How quickly observation of "NATURAL" things leads us to primary issue, of NATURAL creation, preceding NATURAL expression, consequently NATURAL products. (We do not like term "natural" but use it because laymen will understand it more.)

Study everything, natural or artificial, we find products of man or those which go before man's time. Everything that lives and grows is a product of that preceding expression. When we observe flowers or vegetables, we see handiwork of a greater thinker propensity than man, and that product of an entire field of acres is better and greater in size, quality, and quantity than product of the watch; for fields and orchards are out of man's sphere, for which he could not create the thots, let alone the product in manufacture and in the little mechanical device which he could make. Creative thots of men are small, compared with Universal thots.

What made man? Therapeutically reasoning, he JUST CAME because "sympathy" and the ignorant non-thinking "reflex action" couldn't help themselves much after the fashion of Topsy. He is supposed to be another clock shoved into the world and "just runs" until it runs down. No mental or intellectual creation exists for man (in medical lore). We search in vain for the Innate faculty that created him. As a result, we have a PHYSICAL birth for PHYSICAL purposes, turning out PHYSICAL functions; as a consequence, PHYSICAL products which represent the highest type of PHYSICAL (therapeutical) knowledge; then we mentally wonder where is the INTELLIGENCE, not physical, which rules this universe. Is MATTER a guide to itself? If so, it cannot account for abnormalities. A "rule" is guided by intelligence. It is subdivision of a law ("God?") and certainly a universal law is not a corporeal substance, subject to being weighed. This individual is supposed to be born wound up; but what IT is, in mother or father, that winds him up, we do not know. There are many things about man we don't know, but this phase of his JUST HAPPENING to run — altho the most important — is written, lectured, and told about the least. When machine JUST HAPPENS to run down (which may be at



twenty, forty, or eighty) physical man is dead. Why he should "just happen" to run down at ANY age is untold. What it was that loosened PHYSICAL catch and set PHYSICAL spring running too fast so it ran down, is yet unsolved. Where this spring of life is located, is unknown. He exists as a physical automaton. We are told in physical man there are 129 "physical nerve centers" scattered helter-skelter over physical body, and each exists as a physical force maker. A PHYSICAL force without MENTAL creation. It JUST HAPPENS into the body somewhere scattered amongst what we eat, drink, and breathe.

In all physiological work, therapeutically taught, knowledge of an Innate mind governed by laws and rules creating these recognized expressions are not recognized, as to creation. Study of function is devoid of any mental creation. Science does not see Innate mind behind Educated mind that creates all quiet, unostentatious, most important functions daily guiding man intellectually thru all morasses and swamps of despair, did he have it to deal with. Trouble with man is HE (Educated Mind) is so all-fired important in his own estimation he has no time or inclination to recognize any other fellow greater who can do or is doing a thing greater than he. As soon as Educated foolishness comes off its perch and recognizes that Innate individuality residing within his body is his superior, is more capable of directing internal creative thots to an ultimate expressive end for his good, then he will begin to see himself as he is. What is ordinarily known as the "involuntary" side of man becomes at once THE MOST INTELLECTUAL VOLUNTARY PART; that which he should look up to and understand. Here is where man is outside of his educated sphere. We are taught to believe man is not the product of mind; "sympathy" was his creator. Sympathy is some abstract not microscopically seen or chemically tested. Universally, a theological Creator ("God?") is recognized; but individually, science and each physical scientist has aimed to show man just happened. You may say we are making this statement without authority. In therapeutical, physiological, and psychological work, only Educated mind is recognized, and certainly that mind does not make and duplicate itself. If it could, science by this time would have had universities where they could teach young men and women, with clinical ther-

mometers, etc., how to make babies; and they would establish regular culture stations for that purpose.

Psychology, non-therapeutically, does try to harmonize "a soul" with Educated mind; and while universally they maintain there is a "subconscious self," yet they have not taken step by step means TO PROVE there is such in the body. As of today, "psychology" is regarded scientific only by a certain class of people who have great faith—a thing which the medical profession does not regard as worth wasting time over. Free thinkers would like to *believe* we are created mentally and then made by psychological laws, but they have no means of scientifically proving same. To establish contentions of psychological theorists, to show there is more than a "subconscious self," that there IS an inner Innate Intelligence, which DOES govern our development and make us normal objects, and the how and why of all this, is the work of Chiropractic.

With the key to the work of savants of all ages, we can decipher and confirm or refute problems which they theorized over but never knew, but would like to have substantiated. We solve what they thought they saw or were trying to see thru dimmed and hazy observations. It is conclusively culling chaff from wheat from both sides, for both have gone to extremes in trying to maintain what they thought were equal and just rights.

In man there are two creations. Two mentalities (Innate and Educated) as one unit create all thoughts necessary for man's internal and external expression, and personify them in a physical body. Sciences concede that man does think voluntarily with an Educated brain which is in his skull; yet to concede that he thinks "voluntary" in a brain other than thru that one is a sacrilege to therapeutics; and to further maintain he does "involuntary" thinking in his skull also is carrying the subject too far. Just how to account for the "involuntary"—"just happening"—of the human body was what gave origin to the PHYSICAL myth known as the "sympathetic nervous system and reflex action."

Other than that, man is not supposed to recognize in man any other creation, according to therapeutics. Why? You say, "Certainly, physicians acknowledge there is a supreme something behind man." They do grant such when on bended knee in

church, but when leaning over the operating table or death bed such existence is unknown. Physician tells us we have a PHYSICAL "sympathetic nervous system" which, within itself and without intelligence, makes all physical power necessary; it receives "stimulations" (and what a "stimulation" is, we have yet to find). No physiology as yet defines what is "stimulated" or details what such is from outside in form of "stimulating impulses," and then liberated to flow down to do what it "just happens" to wish to do. With him there is no creative Innate Intelligence to direct its "flow" and without guidance they could and would go anywhere and play hide and seek with these 129 "nerve centers." Even these actions when and where they do occur are subject to the therapeutical rule of JUST HAPPENING. No Innate Intelligence acts upon "stimulus" from the external. "Involuntary" man lives without intelligence; the thing that is happening to run digestion of food, secretion, excretion, calorification, is being physically performed "involuntarily" WITHOUT intellectual assistance. We find nothing in therapeutics to contradict that statement. They recognize nothing more or less than "nature" and that pinned down is "sympathy." What is "sympathy"? Dunglison tells us it is something "unknown." We don't like to believe man is product of something "unknown." Contrary to that it is an understanding product, therefore must have an intellectual creator, must have had apprehension before him, and that which is "unknown" to the M.D. is Innate Intelligence of Chiropractors — a quality and quantity known and dealt with daily.

When we will to raise right arm, we must think "I wish right arm to raise." We issue that command, intellectual currents are sent to muscles of arm, and it must raise. There is logical reasoning why arm *did* raise. A gathering of immaterial units (foruns) of power are being transformed in Innate brain. Some are intellectually directed to Educated brain, which in this instance will use them; and from there this idea, combined with units of energy, will proceed intellectually and definitely to point our Educated mind had directed, giving to muscles energy and vent to action thus expressing contraction; and with simultaneous actions of many fibres (not five minutes or an hour afterwards, but as soon as we sent the thot down) arm goes up.

There is mental creation and physical expression in Educated portion of man.

You might wish your stomach would churn your dinner faster. You educationally could think all night, and if there were any means of testing, stomach would work THE SAME as it did before. More than half of physical man, guided by Innate Intelligence, is not subject to being controlled by Educated. Opposite is true. This is one instance in showing distinctive physical line between *two* intelligences which have to do with creations of forces, absence of which will create abnormalities. To move your arm requires intelligence; how about continuous movements of stomach? That is one of hundreds of "involuntary" organs, tissues, bones, etc., which must be comprehensively engineered daily.

In study of development of anything, we must get back to Innate mentality. A mentality IT IS for it expresses highest, keenest, sharpest type of individuality. To even suggest man is developed without anything intellectual to guide work is preposterous.

Observe a flower. There is something behind it that is intellectual in expression, therefore development, for man can't make a daisy yet they are commonly made to fill highways and by-roads, and all is done with ease and frequency. We have heretofore considered such things "just happened," therefore did not need study because whether we did or did not consider their normal or abnormal conditions they would come and go each year the same. They would continue to "happen" whether or not WE know it, yet therein lies our great fault. We have taken much of common productions for granted without understanding reason WHY. We have long overlooked common things and yet when duty bound to offer explanation as to why this or that normal or abnormal development took place "Nature" gets blame and what that is no student knows, as we leave our professor of "Nature" wandering in mires of despondency all for want of a practical study. This intelligence which makes roses and other beautiful things does so with utmost ease and without one quarrel; and among these universal products is insignificant man, yet he "just happens" to be here to help fill in the general schematic condition of things, whys of which are unknown.

Each Innate and Educated mind of each unit has revolving within itself certain aims and desires. Your Educated mind has a hobby, and every man wants to tell what it is and what his objects are in attempting to give them expression. No man exists without a fad, and he is sure to pester his neighbor, giving vent to expression which is the developmental half of this cycle. Normal man is one of action, energetic movements; one who puts vim into everything he does. That is the man who is living life, creating ideas and expressing them thru transmission; or, in conformity with subject of this lecture, have an Innate creation of normal form and then have expression or development of same. Innate Mind has hobbies, is thinking them, and is as anxious to give vent to them thru your body as you are with Educated ideas. Innate's aim is self-preservation and propagation with advancement in species, and to those ends is thinking thousands of thots every minute and hour, and it is creation and expression with THAT Intelligence as it is with us. We must consider man as a dual being, each intelligence of which is a distinct individual, each having a distinct portion to act thru. We are as two individuals residing within one house; a body with a father and mother. Mother (Innate) protects her divisions (children) and sees that they behave (perform their functions) in home (body) which she especially made for that purpose. Father (Educated) brings in wood (food) and water, and takes his family to circus, and generally looks after the farm on outside.

Even this co-called "involuntary" half of man becomes voluntary. It has an intellectual creation far greater and an expression more true, and transmission more accurate than Educated mind can put forth. Altho creation of both is mental, they can make themselves physically known only thru making of a normal or abnormal being. Innate mentality thru expression gathers material molecules, shapes them to a definite form and size, and calls this a man; then sublets one big room to educated man and thru that party he and we can conserve. Physically, there is no difference between many-shaped products Innate may deliver, such as horse, dog, or cat, other than difference in deposition of same kind of materials which she placed into man. Normal shape, deposition, and quantity are what changed. We would not say man must be universal standard from which others are abnormal. For work they have to do, and for lives they live, you will find



each a standard unto himself. Each animal is a normal animal so far as development and adaptation to his work are concerned. Man should be an open book to man and would be if he turned pages rightly and read words correctly, and interpreted thots as he should. But when you start on premise that man is product of a "happenstance" and not intelligence, you are reading all pages wrongly. They will be Greek and Latin to those who do not understand these languages.

Reviewing the subject, we have evolved basis that behind physical man are two intelligences — Innate and Educated. Educated had to do with outer man after man had been formed. It is like a house which was built under contract, and when finished contractor turns same over to owner who then lives in what has been given him. Thus, Educated takes possession of house after it was built. Not so, tho, with Innate. It was her intelligence which pieced this fellow together. It was her mental faculties that reasoned out every stitch and section and said where to put it, and figured out whys and wherefores of every step. Thus it is to discrepancies, discord, contrariety, and variations of actions following creation in Innate that we must look for abnormally expressed physical inequalities which received name "abnormalities," and while we have taken much time before reaching our text, we have done so to show WHY we would round up in the manner and with what we did.

Product which Innate puts together should be normal quantity, quality, and consistency. Normality in any respect depends upon amount of expression after creation. As we look over this audience there are no two who are the same, because in no two are above physical attributes the same. Some have bald heads, others have heavy hair; some have red cheeks, others sallow; some are fleshy, others lean. For very reason of adaptation, it has been ordained hair shall not grow upon face of female. A guiding intelligence has good reasons for everything done; and now you admit these things with internal man, and reasons why this or that is done, yet observe vain woman. Notice her attempts when she tries to dictate to Innate what she ought to have done when she takes off hairs. If Innate mind sees fit to put hairs there, they should be left. You can cut them out or kill them by electrolysis, but if you do you are not living up to model life of fullest creation, transmission, and normal expression.

Law of equality should be normal. If 100 per cent of creative impulses have been made within Innate mentality, they should be expressed. They were needed or they would not have been made. Innate reasoned why she made impulses.

Necessity was clear and plain. She made power with which to carry forth particular work; it is started on its happy road, reaches a certain block which will not allow passage thru nerves (nerves do not anastomose their impulses) therefore impulses never reach place for which intended. They were needed at one certain spot in certain quantities at certain times. If they did arrive, development would continue; but now that they have been detained and will continue to be so for some months to come, it would be unreasonable to expect same normal development with 25 per cent impulses every minute in preference to 100 per cent every minute. Law of equality between creation and expression is now broken, unless you consider it a crime against a law which has been created. The law did not commit the crime—it is a perversion of law that has been cause of mischief.

If creation is normal, transmission perfect, and expression unhindered, then results are that every tissue cell as it expands will be put, utilized, and spent in right direction; then such as an abnormality cannot exist. Abnormality is what represents interference with expression—creation was all right. Creative mind wished to make expression better than it is.

Suppose standard of a lamp is an abnormality. Are you to blame intelligence in man caused expression which made the mold; or do you blame intermediate—the man who poured molten metal and spilled it? There is where you find interference. Middle man did not express thots of creator of that lamp.

Human abnormalities in shape, size, or form present a cause which is placed between normal creation, normal transmission down to POINT OF INTERFERENCE, then abnormal transmission and abnormal expression are products. We now dwell with this subject purely from standpoint of abnormal transmission of forces accompanied with abnormal expression of forces, for it is energy intellectually guided that places material tissues and cells where they must be to have normality in shape and form of

product. Law of intellectual power cannot be disregarded in this connection.

In body you find abnormalities which are excesses; sometimes an abnormal expression which shows entire absence of one or more functions or attributes. You find two types of people in this world: one is lazy — he doesn't do enough; other is over-zealous who does work of three or four. Same is true of human body. Portions will abnormally do more than they should; other parts have been abnormally short of tissue or perhaps its normal amount in deposition has been wrongly placed, thrown in any old way, etc. Study of abnormalities involves more than one hideous picture.

Complete study considers nine primary functions, then analyses (in each particular abnormality) which are affected, how much, where, and to what extent; then comes most important step — cause. In study of abnormalities, we find no more peculiar case than that of the Orissa sisters. They were united during life. This brings to mind fundamental thot, abnormality, not of creation but of expression. Creation which existed in mother Innate was that two children (twins) should have been born. Mental intentions were just, but expression was deranged. Two states — creation and expression — were unequal. Interruption to free flow of currents which should have been constant hindered many reaching place for which they were intended, therefore their portion of work was left uncompleted. It would be similar to setting one hundred men to building, and when they get nicely started have plasterers and plumbers pack their tools and leave. Other artisans cannot do their work. Meanwhile, rest of building progresses and, in process of adaptation which takes place, open holes are covered with some material which is not practical or applicable; therefore, building must get along best it can WITH ABNORMALITIES. No study of abnormality is complete unless process of adaptation is considered at every step in combination with inequality of law of expression. How often you and we have in mind a clear thot, yet expression was not as we thot it. You have often been corrected when you intended to express a certain thot and found afterward you had said something almost diametrically opposite. This is one type of abnormality. Expression is not as creation.

In study of abnormalities, Chiropractor is first physiologist, scientist, or anatomist to enter upon stage with world's philosophers, and present to view a true and explanatory cause based upon logical deductions of prenatal or postnatal monstrosities or abnormalities. In early stage of child's birth first organ completed is brain. As soon as nerves are expanded from brain and distributed, then comes mother Innate Intelligence, superior mind of mother, one over which she (educationally) has no control, and that gets into constant communication with little infant brain, thru which child will slowly be developed. This infant Innate brain (to be) is now to mother Innate brain what our Educated brain is to OUR Innate brain. In adult life, Educated mind is subordinate to Innate. In foetal life, Innate brain (to be) is underling to mother Innate brain.

Many a prospective mother becomes such when she is not in physical condition to start on such a long journey. Her uterus and other internal organs are not in condition for reproductions of expression. No matter how good Innate creation was within her for that new entity, yet thru lack of transmission within *her* body she is not capable of reproduction and doing it justice. This is exemplified by many abnormal umbilical cords abnormally developed within mother's womb. This is a tumorous condition — as much so as if it were in stomach or other viscus. During latter months of pregnancy, muscular walls of uterus begin contracting and expanding vigorously, as an athlete works muscles. Little body is shifted from side to side, known as "prenatal movement of foetus." This enormous amount of excess matter (of umbilicus) is placed where it is least in the way. With movements of uterine walls, child is retroverted, etc., then it is that umbilicus becomes wrapped around a neck, one or two legs, feet, a hand, or trunk; and as walls continue to move with more strength during latter months, cord becomes TIGHTLY drawn, making a true constriction. With this condition are produced one or more uterine amputations. Were it to end here, no permanent injury would be felt. In this wrapping of umbilicus, it may convolute around cervical of spine, with one or more convolutions producing a vertebral subluxation of newly formed cartilaginous or semi-osseous structures. Pressures upon nerves occur at this early date and are of as vital importance as they are in after life. They convey this life expression current from mother

Innate thru brain and spinal cord and nerves of child, just as much now as in adult life, with exception that in adult life brain creates its own power and now it draws from mother.

It is those currents, when they get expression, that expand every tissue cell in that new being. To make an atlas vertebral subluxation is to force an abnormality in some particular. Chain of that which could be carried out is endless, as evidenced by any standard work on anomalies of physical beings. Hence, normal physical work does not proceed in proportion as Innate creation willed it. Abnormal physical begins to take form, and just so far as subluxation produces a constant obstruction to transmission in that new born babe before birth, it permanently intensifies or decreases currents, and we have an abnormality.

Suppose you want to build a magnificent mansion. You have lime, cement, bricks, lumber, nails, and tools. All physical materials that go into the house, from which it would eventually become a finished product, are there. Imagine you were to hire insane carpenters, brick layers, masons, and plumbers. What kind of building can you expect? Blueprints, diagrams, materials are correct; measurements are exact; foreman is sane and his directions explicit and precise. When insane expression starts into action, you can expect nothing but an abnormality. Why? Men were not capable of performing duties. While this illustration is far-fetched, it could be imagined and dealt with as a condition similar to that which is in human body. Creator of materials and director of forces is beyond question as to exactness and perfectness. Transmission is good down to spot where it is interrupted in free flow; from that on, it will do the best it can by accommodating the obstacle. Circumventions are manifested in many types of abnormalities. Organs were expected to do work which they are capable of doing providing they get power and plenty of the right kind with which to do it. PRODUCT CORRESPONDS TO AMOUNT AND KIND OF POWER IT GETS.

Creation behind every abnormality is normal. There is one conclusion we must reach: abnormalities include every disease, every symptom, every trifling thing which has varied from normal. We are all abnormal in some one or more respects. There is a standard from which all expressions can be based and

guided; a conductor which is infallible, that is such that man cannot see, but it can be judged by watching deviations from it. There is an ideal, a mental perfection which we can work to have expressed, and that is the unlimited and free expression of that superior Innate power resident within all things at all times that it is alive. As we have perfection in creative mentality, let us allow that perfection to be brought down to man and see that this superior creation of forces personifies itself in proper manner so that man exists as a normal unit. Nothing that is made of material ever quite reaches that Innate stage for which it was Innately created.

Innate brain of man is the medium thru which creation of man's functions takes place and thru which we are to have expression if all nerves are open and the lumen of full size and shape. Give these normal currents of power full expression, thru spinal cord, ensuring free transmission thru nerves which have exit from there; give them fullest kind of transmission until they reach tissue cells, and then allow expression to be as created.

Do that, and abnormalities — small or great — will not and cannot exist.

## CHAPTER 2

### The Story Of TUBERCULOSIS

"Tubercle: Tumor in substance of organs from production of NEW matter; sensation null; growth sluggish. In pathological anatomy, term is generally given to well-defined, roundish, non-vascular nodules which may reach size of millet seed, presenting at periphery numbers of rounded cells like leucocytes. Nearer center are larger cells often called epitheloidal cells having numerous nuclei. Central part may appear opaque, due to caseous necrosis. Tuberculosis is a form of inflammation resulting in an attempt of system to eliminate bacillus tuberculosis. This being difficult, a chronic inflammation results, with first a tendency to regeneration but which later, on account of poor blood supply, terminates in degeneration. Tuberculosis is primarily a local disease, but may become general, involving all of the organs of body."

—Dunglison's Dictionary.

Let us analyze above.

"In pathological anatomy term is generally given to well-defined . . . substance of organs from production of NEW matter."

Grant that "new matter" is pathologically so, its being "NEW matter" proves nothing, much less that it should have to be pathological because it is "NEW." Many a disease starts in tissues which are years old. Suppose it were "new" and "pathological", did it not have a cause? Can effects exist without cause? In what shape or size these conditions exist has little significance, unless accompanied with an exploitation of cause.

"Tuberculosis is a form of inflammation."

Tuberculosis is a NAME coined to represent a particular type of resultant abnormal action of excessive heat. Inflammatory condition represents excessive heat. Does it occur as a chance condition? Not likely. Dunglison offers a misinterpretation when he says "inflammation" is result of "the attempt of the system to eliminate bacillus tuberculosis." We are directed to believe that inhuman scavengers enter mankind with devilish intentions — fiends incarnate — and so thoroly and horribly do they play football with our internal organism until wrecked that chaos is the result. Internal tissues "naturally" resist abnormal invasions with all their power, and resistance is known as a



"form of inflammation." It is the conflict between the two which incites product — excessive heat — and if serous circulation be normal, individual will begin a perspiration to adapt himself accordingly. If "inflammation" results, it is because subluxation does not allow adaptation, hence they cannot perspire; and lack of perspiration means inflammation. If this be true, it is for Chiropractors to learn how to give "bacterial" backbone adjustments. If this logical philosophy be true, then ANY movement, or "attempt" thereat (for all actions are adaptative, in larger or smaller degree), knowingly or thru Innate Intelligence, becomes the seat of instantaneous rebellion, hence "inflammation" must be a constant condition. All expressions are a resistance or adaptation to external impression or foreign matter, entering body; and, according to medical philosophy, consequence is fever. Food is a foreign substance and is alive with millions of bacteria of specific scavenger characteristics, yet we enjoy fruit. It is digested and assimilated; more or less good is derived from it, and no harm. Moment food is removed from its natural habitation, disintegration begins; and as soon as decomposition commences, microbes are found at work. There is a dividing line between what is normal adaptative heat, such as follows running, and that produced thru abnormal cause which is excessive heat minus accommodating changes, hence no evaporation of liquid to reduce temperature.

Millions of people breathe "tuberculosis bacilli" every day and never manifest disadvantages. They have no "inflammation." Why? We have been taught it is a pitting of one force against other with victory to the strong — survival of the fittest. You may offer theory that this tubercular patient was "too weak to resist plunderings of germs," so they overcame her. This does not explain why she should be weak.

Upon further inquiry into CAUSE of this disease, we are politely but coldly informed, as product of inductive reasoning, that it is difficult to throw off these terrific fighters. Physician is called and he knows what is doing mischief. He fires pellets at these invaders thru windows of your sacred body. His injections of medicines are most vile: poisonous to extreme; quantities great and colors many. His remedies are divisible into two classes — first with intention of killing these burrowing vivisectionists. Its aim will be to stifle, paralyze, or cook them on gridiron of your

tissues. This war is now waged between three parties: you and doctor on one side, and microbe on other. In every case, little David will win the battle, as statistics show "Great White Plague" is uncontrollable. Fight continues until finally patient is nearly done for; then contestants are reversed — microbes and patient on one side for self preservation, and doctor on other. Medical doctor, in time, proves to be most damaging of all; therefore, joint action of first two against vile nostrums. Other class of medicine aims to rebuild body tissues for first half is so deadly that when it kills little fellows it also kills tissues. When "dead tissues" are replaced, and present generation of microbes dead, then we have created new pastures and germs again multiply; meanwhile, drugging continues, so terrible battle wages anew. Rank after rank gives way to be succeeded by other battalions; onslaught follows onslaught until debris of microbes and medicines reaches such proportions that it fades disease into insignificance. This disease thus becomes acute and chronic.

Acute attempt of "the system" and M.D. to repel these fellows ends in one continuous and glorious victory for minute rogues; hence they admit defeat by allowing it to blend into "a chronic inflammation." Once these representatives of his "Satanic Majesty" enter human body, "Nature" is supposed to resist them with intention of building up as fast, or faster if possible, as they tear down; but "the system" soon gives up in despair — there ceases to be a resistance of "regeneration," and it gradually becomes that of "DEgeneration." "The system" has lost its grasp and gives way to evil. It is a repetition of Biblical tale of where Christ was led to mountain top by Satan and was tempted to do damage to himself, knowing well His enormous power for good could not be injured. But He resisted and won. A beautiful lesson. But when face to face with a practical application — work which physicians are doing — terms are reversed. Worldly representatives of God (germs) are sent for evil purposes. They win battles because they are stronger in finite power than HE in infinite force. Funny world.

It is at this stage that physician decides his pharmacopeia still lacks something which will kill that microbe. Determination is again concentrated to make or break. Battle begins anew, probably in a new atmosphere; scenes may be changed; battle-field may be rough and irregular, like mountainsides; but con-

testants remain same. Weather may be hot and parching and perhaps fight cannot continue with same determination as before, but same grudge exists between budding marvels — physician and unhappy victim. No matter how mediums of this fight may progress, same ultimate aim is in view.

Stronger medicines were concocted yesterday and are forsaken today, and more forcible will be those of tomorrow. These little bacteria have hides which resist ALL outward approaches. Their digestive apparatus must be tough, for no matter what enters into alimentary tract of Mr. Mikerobe, many live and digest it with ease and relish, and enough survivors are left to start another population. In this respect he shows characteristics of a gentleman — to resist outward advances which are not conducive to his welfare. He thinks he is there for a purpose, therefore will not allow Educated Intelligence to dictate to his "instinct." Innate Intelligence, in construction of these demons, seems to have foreseen interference of man, therefore constructed these little gods with many legs, claws, and mouths, so they could grip tighter, hold on faster, and eat more for their size, and in same time, proportionately, than man. They show super-human ability along such lines and will not stand for changes in character to which man tries to force them. Occasionally a few Mr. Mikerobes get inquisitive and thru Innate voluntary inspiration leave their happy grounds and are shot into another world, and there local scientists preserve them with much care. They are gazed at and lectures written about their peculiarities. They at once become famous. Satan is talked about as destroying temples of God and then and there all previous religious teachings become as naught. Doubt creeps in because we now therapeutically inculcate into minds of youths and adults the opposite to what they get theologically in church. There, in theory, they are told God is all-powerful and wise; but now, in expression, we find Satan can enter any body and kill any of us at any time — no one is exempt — and God (with limited power) is bounded, limited, shallow, restricted, and powerless to do one thing to stop this insignificant fellow's work. Man, greatest walking creature of God's handiwork, is far less powerful than God; hence it is the will of Satan you destroy all theological teachings. God wills you shall live — in fact, ordained your birth and life — but Satan with his microbes, with a power unrivaled, wills you

shall die; therefore sends representatives to torture you for years, drags your existence thru eternities of suffering. Doctor tries to baffle such heinous work, but God and doctor are as nothing compared to the germ. Such consummately beautiful (?) philosophy!

Tissue consumers are assisted in this prosecution of relentless war by a "poor blood supply." Why "blood" should be "poorly" distributed we do not know. For edification of our listeners, we offer following chain of logic.

Lung weakness is caused by a weakened system, which means poor assimilation, hence indigestion, lack of circulation, and un-nourished blood whose movement is sluggish. Movement is sluggish because "blood" is "poorly" nourished and *that* because of a stagnated circulation, and *that* because of lack of red corpuscles, and *that* because digestion is poor, and *that* because of poor assimilation, hence poor nutriment in lung tissue so you cannot breathe; hence, results are that you do not inhale and exhale gases. We presume indigestion is caused by efforts of "the system" to rid itself of bacilli and *that* would cause circulatory tubes to be filled with matter which would obstruct its passages.

We are led to believe that battle of cells of lungs against microbes is much like battle of red against black ants, and when one has conquered other it eats him. No doubt about microbes assassinating many tissue cells and then eating them. Cells are also slaughtering microbes, in self defense. If germs are transported to stomach, we can see that such hard-shelled fellows as will resist all attempts of medicine to penetrate their shells, will also combat natural chemicals used in digestion; therefore we have logical (?) reason to conclude that physicians think "poor blood supply" is result of inability of stomach and other organs to digest little David after lungs have killed him thru resistance.

Real cause, to date, is poorly circulated blood which is brought about by indigestible matter, for these little lobsters following maceration have entered blood supply and congested circulation in lungs. Fundamental deduction is that Innate Intelligence did not make stomach strong enough to kill lucifers when they approached its portals; or if once they did gain entrance, resistance is not strong enough to kill them, hence needs assistance

of physician who, also in vain, tries same route, by addition, giving like for like, puts stimulating medicines into stomach to increase amount of work; trying to kill this cherub (?) with excessive resistance of tissues; but even that combination fails, therefore scavenger finally wins battle. In this way, physicians heap coals of fire upon these infant prodigies. It still appears that infant (M.D.) studies ways of his superiors (bacteria). Wonderful, what a factotum germs are.

Consumption is "primarily a local disease." This is another evidence of cleverness of these demons. They refuse to be cornered; therefore later make disease a "general" one. We further presume that excessive activity of germs is abetted by "poor blood supply" and vice versa, chain is continuous. Around circle are these fellows dancing with joy to know they elude man who is trying to put donkey's tail on him. Step by step we have tried to unravel mystery which seems to enshroud mysterious-dealing monstrosities whom no man is able to subjugate. Man's knowledge, combined with all prevailing goodness of God, and applications of one and supplications of other, it seems ought to be able to substitute good for evil; and when prayers fail, man still has at his command millions of dollars and innumerable torturing devices with which to force subjection; his armament is complete. Some kind of gun should be constructed which could tame these fellows, but doctors are so kind hearted, and this beast so cruel, that unconquered heroes still overcome forcible corrections which are applied with murderous intentions. Suicides are not justifiable; yet man, in form of physician, takes delight in murdering thousands of these whole souled fellows every day, meanwhile thinking he has bestowed a favor upon his Creator. They represent unital lives as complete as himself; their individualities are an integral part of world's continuous progress, therefore have a purpose which they have fulfilled, are fulfilling, and will fulfill, or they would not have been placed where they were, are, and ever will be. Their work is for good, not evil; their intentions are best; and exemplifications prove what they do is for the benefit of mankind as well as other vegetations or animal substance in which they may be found. They are scavengers and perform these duties to perfection. It is a universal rule that nothing must die. Death in one form is life in another. For

instance, fecal matter and urine are not for people to use again, yet are food for sparrows, flies, etc.

All things — man included — are scavengers in one form or another. Without parasites, growth would cease whether they be mosquito, fly, bedbug, microbe, germ, plant, or animal in multitudinous forms. They make a refuse (manure) which allows fertilization of vegetable world. Face proposition manfully and realize what would become of you if earth were not fertilized by millions of scavengers who live upon excrescences of others. It is universal law of give and take. Circulation of refuse from microbes assists in fertilizing earth.

Normal lungs have no abnormal excretion; pathological conditions are product of abnormal mechanical actions, hence result of labor of lungs is such as is not fit for continuation in human body. There is endeavor to expel this substance but lungs have not the strength. To pursue Innate's ways is to adopt her expressions thru added work of scavengers as an auxiliary. Innate manages to keep passages fairly well cleared; she does not need assistance of anyone. What Innate asks for is silence upon your part; what she demands is that you let her alone therein, cease meddling, for interferences stop good which she has started and intends doing. Many an individual is hurried to grave because of hypothetical interferences which therapeutical man interweaves in her way. Little strength which lungs do receive at such times is brought into play against nuisance of medicines, hence attention of bacteria is also directed against it, thru "instinct" for self-preservation. They were getting fat and multiplying in proportion as amount of waste matter increased, and were accomplishing much towards longevity in patient; but all such was suddenly cut short by actions of Medical Educated Foolishness pitted against Innate Intelligence well represented by man and bacteria. To destroy that food kills them as well, and allows pus to gather in greater quantities. Nothing permanent has been accomplished. Original condition which did and will produce scavenger matter is still there. To kill present generation of local adapters is to induce ingress of another generation. Size of that army is innumerable. Patient is handiwork of God — so is scavenger; one becomes abnormal, other is adaptation; nothing unreasonable that two should get together; they do, and physician, with meddling misconceptions, injects distorted trackless

concoctions (which God had never ordained) hence tumultuous interjections are purely mortal, man himself becomes intermediate miscreant intensified between great all-wise and its expression.

Some time back, we brought out a Biblical illustration of where microbe, by natural conclusions, was a messenger sent by God, therefore his mission was for good. In sense of irony, we reversed it; but Bible can still be relied upon because wrong interpretation shrouded around microbe, and actions man performs to conquer such are irrelevant, immaterial, and incompetent ignorance of Educated man—not that of God. Our faith must have wavered before, but now is replaced with knowledge. Until *the* cause of this three-cornered maniacal fracas has been adjusted to satisfaction of all parties, encounter will rage with ever-increasing velocity. We are beginning to know why some things are. Let us work hand in hand, be in concord, en rapport with Innate Intelligence instead of seeing how brutal and disjunctioned we can be in subjecting her mediums to arrogant commands.

There are “tubers” of lungs. Word is also used in various sections to designate one of principal foods. Tubers, or its synonym *tubercles*, is used in anatomical and pathological work, particularly in discussing promontories of osseous or frame work of body. *Osis* (Greek suffix) means “condition in general”, in pathological terms the morbid general condition. Its use in tuberculosis refers to formation of tubers thruout lung tissue or body in general.

Tuberculosis, as therapeutically taught, is built upon knowledge gained thru pathological conditions pertaining to tubers of lungs, what they are supposed to do, and how they are supposed to do it; what germs cause action and what medicines will unfit them for further underhand work.

Chiropractic knowledge embodies NEW interpretations of EVERY condition. More than that—CAUSE of EACH abnormality is explained. These embody laws of creation, transmission, and expression, whether each step is normal or abnormal and, if so, which one or combination is so and in what degree, thus assuming only complete and accurate study of this disease which has been placed before a public audience. It is studying biology

and where it is interfered with in form known as tuber-cul-osis in preference to beginning with dead structures and ending likewise. Study of death is not instructive. Study life.

Lungs may be likened to a grape-vine from which hang tubercles. During foetal life, expansion of germinal lung tissue cells, from germinal vesicles, is rapid, energetic, and practical in deposition. Following birth, normal expansion is certain, not so rapid, but of same qualities as before. Under abnormal or pathological conditions, before or after birth, status is reversed. Instead of expansion we have contraction or collapsing of cells, which recede somewhat to identical area from which they came, hence give lung appearance of irregular tubercles whereas before it was nicely modulated and had a well-filled form; all crevices were filled, whereas now large gaps exist here and there between bunches. It is the collapsing of cells that makes this appearance, not existence of "NEW matter." Lung of a consumptive does not increase but decreases in size until finally, thru its incapability of expanding and contracting normally, it ceases to become an integral part of man's mechanism in taking oxygen and expelling carbon dioxide gas when it returns — not that the circulation of blood is wrong, but that lungs cannot perform their proportional duty in consequence of shrinkage which has taken place.

Word "tuberculosis" is usually confined to consumption of lungs, altho quite prevalent in stomach, kidneys, spleen, liver, or any other organ.

Cattle and other animals eat food as earth makes it. Is their food or water sterilized to remove or kill germs? Are their foods covered with germs? Do they drink polluted water from streams from which "it is said" people get typhoid fever? Why have they not these infectious diseases also?

If cows must be killed to be kept from secreting milk which contains microbes, and they live miles away, what about people living in your home, they exhaling and you inhaling air heavily laden with germs from those infected bodies? Why not begin extermination with thriving "infectious" diseases at home, with which we come face to face? Kill farmers' cattle without restitution, and you will have same microbes served in another form thru something else. No matter how you dodge the question of typhoid or tubercular germ, it bobs up somewhere else. It is a



fixed and known quantity in metabolic processes of world. It is impossible for insignificant man to worst Mother Nature, for she represents final outcome of tinkering of man for thousands of years, and microbe is "still on deck, eating decayed tissue by the peck."

Every tissue cell is analogous to a sponge cell. Without water it would not expand, so cells without a liquid would not increase in size. Sponge dries; it shrivels in size without liquids; same is true of tissue cells. One elementary condition incident to lack of liquids is decrease in size, becoming tubercular in shape, but this alone does not produce combination of symptoms known as tuberculosis or consumption.

Consumption — derived from *consumo*, to waste away. "Consumption of lungs" is a misnomer, as "lungs" do not waste away; it is liquids in them which exist in deficient quantities, and with one added attribute — excessive heat — small amount of liquid which does exist becomes putrid, decayed, "degenerated"; product, mucus, is expectorated, and in it are found those supposed-to-be companions of vice.

Meditation upon secretions and excretions involves study of local circulation and actions of *muscularis mucosae* of mucous membrane and epithelial structures of surface walls of bronchia, in keeping in onward movement the serum as it approaches these cells. They utilize and pass it onward. Tuberculosis has only to do with local condition, wherever it may be, but we so often find that behind this specific lung abnormality kidneys are abnormally involved in making more or less of a general condition which is apparent at same time. For instance, "night sweats", altho under strictest classification not a symptom of consumption of lungs, yet are usually present because of subluxation making general serous circulation abnormal. Subluxation also causes lack of serum in lungs. General trouble is usually less than that which is localized, altho it could be more pronounced. Abnormal action of *muscularis mucosae* is to keep lung tissue destitute of requisite liquids, absence of which allows them to collapse. It is this liquid which is protoplasm of each cell of human body, without which cells are mere frame works. It is a well-established fact that seven-eighths of body is water and same is true of lungs — altho percentage may be higher.

To withdraw two-thirds or three-fourths of any consistent liquid element reduces size, weight, and utility.

Systems of liquid serum and serous circulation are an original discovery. We wonder how pathologists could have studied symptoms for so long without recognizing its existence or seeing its abnormal workings.

We do not speak of serous circulation in a sense of eliciting praise for having brought forth those facts. We do not feel honored to think WE should have discovered and developed this; but we feel keenly disgrace which past therapeutical generations have brought upon themselves when they did not save millions of lives which this knowledge could have saved. Serous circulation existed in Adam as well as in us today. Arterial circulation existed in Eve years before Harvey's time, but it took a Harvey to bring it out — and you know how he was persecuted.

Local portion of serous circulation in lungs has to do with conveyance of nutrient materials to lungs, and liquids thus conveyed perform double purpose of expanding new cells, to rebuild lungs when others have been injured or thru abscesses eaten away. This is one medium thru which Innate Intelligence gives vent to that great law of adaptation — self-preservation. With fundamental knowledge of what and how cells expand and recede, The PSC has been enabled to decipher many of hardest problems which medical profession had to face. They have been sincerely trying to decipher conundrums which lie distinctly within province of serous circulation; especially do we refer to "NEW matter" which is NOT new.

Normal lungs are composed of expanded cells. They receive oxygen; give out carbon dioxide. Cells expand and contract within reasonable bounds with every breath. Serum is received and urea expelled. Without this normal glandular action, we would have friction and tissue cells would cease to enlarge, as expansion within a human body is impossible without liquids.

In proportion as liquids are lacking, Innate adapts her actions to capability of cells to be expanded. She did not produce subluxations alone, therefore is not capable of correcting them alone, but she will adapt peripheral actions so that like meets like. Individual will breathe less deeply; breaths will be shorter and taken more rapidly to prevent friction which would otherwise occur.

We have established direct connection which local portion of serous circulation has with condition known as tubers. Partial absence of serum and consequently insufficient lubrication or nutrition to cells, and immediately we draw a picture of compressed, collapsed dense tissue; not gone, but shrunken, like a balloon without gas, or dried like bunches of grapes into raisins.

We must not overlook state in which this liquid is when it does arrive. Action of excessive heat leaves original chemical elements of mucin (what there was of it) minus water, in a condensed form. Lungs require normal heat. In tuberculosis, there is excessive heat (fever) and this combined condition gives consumption of mucin the name it has, mucous.

Cells are infiltrated with cheesy serum; it has lost its nutritious value — it is a mucin. Additional excessive heat will putrify that substance and convert it to pus, "degeneration" previously spoken of. As heat becomes more excessive and serum is converted to pus, a less number of cells expand and contract, hence we have an accumulation of "matter" not brought about thru working overtime of microbes, but because of THE cause making itself more apparent thru effects. At times, quantity of pus increases or decreases; other times, it is soft or hard; it may be looser or harder to raise at one period than another; and so fluctuations come and go. General tendency is to lower percentage of ability, to decrease manifestations of life until life flickers and patient dies from lack of Innate mental currents. Blame for this is fastened upon that little scavenger which God has placed there for a useful purpose, not to destroy life but to help in preserving it by keeping lungs' alleyways clean so that individual can breathe easily, therefore continue human life which God gave us.

Portions of lungs may be involved! One patch may be small in area and but little degree, and so gradations could be increased or decreased. These are matters for individual analyzation. As pus gathers within, on top or above this earth "Nature" — that Universal Intelligence which becomes an Innate Intelligence in us — creates a scavenger to utilize that scum. This is duty of the "tuberculosis bacillus". He is a scavenger of offal; a cleanser of scum; a gleaner of dregs; and not a cause producer in any sense. Koch, the propagator of the theory of germ causation, was the

greatest advocate against it because it had lasting value; yet The PSC advocated what he now teaches when he brought out his first ideas.

As pus gathers, Innate Intelligence will attempt expectoration. Cough will be short and rapid, due to inability of patient to breathe deeply. It is a peculiar cough. Right here we might interject how one can determine whether cough starts from throat, bronchia, lung, or stomach. For tonsilitis, it will be hacking and high; for asthma, hay fever, or bronchial trouble, it is slightly deeper; if of the lungs, it is chesty; and for stomach, it is way down. Each cough has its characteristic depth.

It is this excrement which is sent to bacteriological laboratories and placed under eyes of scientists who do find millions of germs. Quickly, the world is informed that an evil's cause has been found. Populace is notified that "cause" is known — only thing that remains to be done is to find something that will kill it without killing patient. This is puzzle which STILL bothers their minds.

Many cases diagnosed consumption, have symptoms, "tuberculosis bacilli" are present, etc. Physician is so certain he will send sputum to some laboratory to be examined, and not a single germ is found. Yet we have been ably informed that "tuberculosis bacilli" are ALWAYS the cause. If they *were* cause, if this mischief-maker *were* instigator of this internal riot, why should they not be found at once, in incipient stages? Why was it necessary to grant time; why are they not found tearing at live, healthy tissue; why are they always found where decomposed matter exists?

Statistics prove hereditary causes cannot be credited, for number of parents who had consumption is so small they are not worthy of Chiropractor's consideration. Heredity is as illogical as contagion.

In Quain's Dictionary, we find "Without presence of tubercular bacilli, there can be no tuberculosis." Following that he spends a page dwelling upon "the hereditary type." Is it possible these germs can be transmitted from adult to foetus? If so, why do not all children born of those parents have tuberculosis? What governs such actions? Is this a normal or abnormal deposition? Why are all children of some tubercular patients healthy? What kept microbes from being planted in them?

Granting, for argument's sake, that this germ has been handed down from father and mother to son, why does germ wait fifteen, twenty, or thirty years before coming to activity? If you argue that "conditions are not favorable", then you fall back upon our logical Chiropractic basis that germ is a scavenger and will not exist in healthy body, and would enter unhealthy to fulfill intentions for which it was created, whether he had or had not tubercular parents.

If you argue that germ lies dormant for thirty years, then you are reasoning contrary to general laws, for nothing is still or dead. What are "the conditions" referred to? Is "poor blood supply" your reply? If so, is that inherited or induced following birth, or can it be from both? Can your hypothesis be so induced? If not, isn't there something wrong? Would not "the conditions" in one be same in all? If so, let us study them in one body first and let alone questionable subjects as "hereditary", "poor blood supply", "germs", etc., until we get a logical basis to remain firm on. Suppose we grant (for further argument) that this disease is hereditary and this bacillus does lie dormant for years — who or what is it that sets gunpowder and lights fuse that arouses and fires into uncontrollable devastating actions this hydro-headed monster heathen which has no business in our temples? To answer this question would necessitate a cause. It is the individual, specific cause which we are demanding.

Let us further grant you have a knowledge of THE specific cause — where are results you get from its use? Thousands of acute cases come in youthful stages. You begin their training, and where do they inevitably end? You find disease is uncontrollable — that is why you call it "Great White Plague".

Chiropractor dismisses such methods and gets to solid bed-rock business. He knows what functions are, therefore is capable of observing abnormal functions. Having a correct elementary knowledge of life, he understands death, therefore comprehends intermediate — disease. Deciphering a case of tuberculosis, thru analysis, is like finding wrong in house when roof leaks.

Having dismissed fancy that scavengers are a cause, let us investigate philosophy of man by studying man, of whom lungs are an integral part. Behind all things created is a Universal Intelligence, a power absorbed by all things material, in which it is

individualized. In man it is known as Innate Intelligence. This intellectually is all its name implies, a power, energy or force which must have mediums thru which a transformation emits which is utilized in man for his needs — past, present, and future — altho same power absorbed by a tree would be transformed accordingly. Some are capable of doing more than others, thus expression is given free rein or is limited to capacity of machine that transforms, or its transmission may be interfered with. Rate of momentum is dependent upon quantity of power that reaches tissues. For serum to circulate in lungs requires power to induce muscular contractions; hence power which is specialized in man is further sub-divided to each viscera, organ, tissue, membrane, and cell. Every factor has one kind of power altho diffused to many kinds of mechanical actions in various sections.

Each gland, muscle, and membrane received either normal power, an excess, or lack of power. If great interference exists with that direct power, specific in character, going to lungs, it deadens function and lack of secretion is an abnormal expression. Creation of power, external to man, transmission from Innate to Educated brain, thru nerves and thru foramina on way to lungs, paths of distribution of those fibers and expression, are thru direct mediums from start to finish. To produce pressure upon nerves which convey from point of creation to point of expression, is to show direct cause for holding back or stimulation of forces which indicate, thru expression, one, two, or more functions which we have elaborated upon. Difference between lack of and excess of action is in heavy pressure upon one and light pressure upon other.

It is Innate Intelligence which guides each concentration of forces, as they are sent to and distributed from brain. It is also the storehouse of intellectual energies which are transformed and sent to various sections. There is a brain which transforms power into mental impulses; if they course thru nerves in proper quantity and quality all the time, amount of function is normal. Different nerves pass downward thru spinal column and branch off to lungs and convey life power to organs. In cases of tuberculosis of lungs, you will find a subluxation impinging nerves, shutting off current. Instead of flowing freely, impulses are dammed back behind point of obstruction. Patient soon illustrates disease. Tuberculosis, whether confined to lungs, stomach, or

other organ, has a cause which patient might not know exists; yet some fall, wrench, or other accident induced concussion of forces, which caused subluxation, perhaps years previous.

Every tubercular patient who goes to a Chiropractor has same process to go thru. Careful analysis must be made. Once cause is known, adjustment is given, vertebra restored to normal, and health is the inevitable result.

This story has established that:

1. Cause of tuberculosis exists WITHIN man, not outside.
2. Medical profession does not know cause, therefore blames innocent microscopic-sized germs.
3. Cause of tuberculosis is subluxated vertebra. With correction of this, reestablishing normal current between brain and tissues, health will be the result.
4. These ideas are revolutionary and are destined to be found exact and in conformity with natural laws of Innate Intelligence.

### CHAPTER 3

## The Story Of KIDNEY DISEASES

Before progressing into unknown, or that which is new, it behooves us to explain the known. Chiropractors look upon everything so differently it would be odd if we did not do same with functions, normal and abnormal, of kidneys. How that function is performed, where it gets its supplies, and what its supplies are; cause of its abnormalities, adjustment to correct them, are a few of considerations which will be given.

Two kidneys are situated anterior and to each side of eleventh and twelfth dorsal and first or second lumbar vertebrae, and fill the semi-circular cavity. They lie closely embedded, one lateral to each side of spine. They are not large viscera, comparatively, but valuable in relation to their metabolic necessity. Their greatest function—secreting and excreting urine—is process which could not have been accurately understood without a knowledge of serous circulation.

Kidneys are much like lungs. They accept urea (a characteristic form of water) and change its chemical liquid composition. Lungs receive air and change its chemical gaseous composition. Superior to each kidney is a suprarenal capsule. Each kidney has a cortical substance which is spongy in character. Ranging from outside inward, nearer cortical substance is reached, more fluids become condensed, compacted, consequently cells are smaller and INTRA-cellular and INTER-cellular spaces become smaller and more dense. Texture and quality of urea which passes between and thru cells is also changing compounds and virtues. Conductivity of liquids from outside, to, thru, and into inside, becomes infinitely finer in chemical relations as well as from physiological and anatomical study. Upon outside these organs have a closely investing membrane. This is connective and supportive in makeup. In truth, it also does more than that—it conveys serum as well as ureic liquids to this gland.

Its functions are those of all serous tissues, to convey to and then take from, after utilizations.



Of this most important subject, Gray says:

"The kidney is surrounded by a distinct investment of fibrous tissue (*tunica fibrosa*) which forms the smooth, true capsule covering entire organ. The capsule passes over margin of hilum, enters interior of kidney, and covers renal pelvis where it is attached to sinus. It closely invests it, but can be easily stripped off, in doing which, however, numerous fine processes of connective tissue and numerous blood vessels are torn through."

While much is said of and about connective tissues surrounding kidney, yet its function around *any* gland (other than supportive, and this all tissues do to each other, and is proffered more as an excuse for its existence) has yet to be explained other than thru knowledge gained by serous circulation. No present work attempts to go into anatomical and physiological, and — what is more — philosophical explanations of that function any more than they do that of suprarenal, the thyroid or many others.

This serous capsule brings to kidney, from all parts of the body, urea, which is spread over much external surface, allowing it to enter all parts of kidney equally; hence taking surface receives as much of one place as another — distribution is equal. This is plan of supply and deliverance which again shows supreme judgment in adaptation of Innate Intelligence.

Urea is not urine until it has passed thru a transforming process. Urine is excrescence of urea. Urea is carried to kidney thru this closely investing capsule of tissue as part of serous circulation. As urea reaches outside of this gland, cortical substance receives it thru many little mouths and passes it towards center, and from that time until it has reached infundibular opening, elements are becoming compact as they pass thru tissue which conforms likewise. Those thots have never existed with that light of their functions before.

Speaking of cortical substance, Gray says:

"It is found immediately beneath capsule, and is seen to extend in an arched form over the base of each medullary pyramid."

So far as a larger portion of visceral anatomy is concerned, statements they make hold good and are practical. It is their functions, and how, which we dare to question and place new interpretations upon.

Force expressed is of such character that it acts upon liquids until each kind possesses qualifications for which that glandular

tissue was constructed and intended them to be. Simultaneous with this action it is working toward center and these, with others, focalize until they terminate into calices. Process is transportation of liquids from one tissue to another, and meanwhile its character changes.

Every group of cells has its tubuli, microscopic in size, which empty into a larger one, and several larger ones into another; culmination of all emptying into infundibula, several of which create pelvis. Once this belly is filled, its mechanical principle is expressed by overflowing. Infundibular openings close and urine is thrown forward and outward thru ureter to bladder — the urinal reservoir. Process and corresponding actions are similar to a canal lock. Upper gates open while lower are closed; water enters and canal fills; upper gates close, lower open, and water is expelled.

Acting independently upon processes mentioned is that portion of serous circulation which conducts serum to kidney. Serum has properties for nourishment and expansion of those germinal to matured cells which keep kidneys to normal completeness; and creation of chemicals that act upon urea. It passes thru definite channels, former being intracellular and latter intercellular. Each is distinct and does not mix contents with opposite. One passes *thru*, other *between* cells, making two distinct circulations of liquids other than blood and lymphatic. With a clear comprehension and a power of discrimination between paths of distribution, it will give an explanation of any "dis-ease" of these viscera. Instead of "kidney diseases" being Chinese puzzles, they exist as so much practical knowledge where you know every intricate detail; or as an open book when anyone who knows how can study.

We have another circulation thru kidney — blood. This circulation has nothing to do with formation, gathering, or expelling of serum or urea into kidney. Condition of blood, from all known manners and means of tests, in any given "kidney disease" may be good or bad. It may be normal in one diabetic patient and abnormal in another. Same could be true of Bright's disease, etc. Cases of kidney disease exist and have been passed upon by insurance doctors as a "good risk" and died with a well-defined *chronic* "kidney disease" in a short time. Chemical test of urine or blood failed to prove anything of that character. Excretions

were right in chemical quality but not in quantity. Arterial blood could not be done away with insofar as it is the conveyor of oxygen, a thing needed for metabolic combustion. Mental impulse is the igniter, yet it must have something to give ignition to or combustion would be impossible. Single function of arterial blood is to *convey* oxygen to kidneys, allow combustion to take place, and venous blood gathers carbon dioxide and conveys it *back* to lungs to be expelled.

On reverse, in many cases specific kinds of urea float blood corpuscles. Same conditions exist in every tissue in body regardless of whether it has blood corpuscles or whether between muscular cells, in osseous cells, kidney itself. Such are consequences, results of having been carried there by that liquid conveyor, "serous circulation". Urea, water of blood plasma, is carried to and from arterial or venous anastomoses by same circulation. It is a case of serous circulation giving to blood, and the latter, after utilizing things needed, expels it to receiving part of first again, which receives, conveys, and expels it in kidneys, therefore it would be unreasonable to expect to find same liquids in blood which would be located in other tissue after it has been carried there. In giving an analysis of blood, Dunglison states that out of 1,000 parts it is 784 water. If so, it had to get there from outside and must leave inside to be taken to external. How these transformations have been performed, physiology has been and remains silent.

Coloration of body depends much upon local action of kidneys which means to keep serum and its corresponding various stages in a complete circulation so that each gland in body is free to receive, in quantities, its materials which make its juice, which has its characteristic color, thus well known "liver spots", etc. These symptoms can now be elucidated under physiological laws as serous circulation teaches them. Each gland is a set of peculiar cells capable of performing only individual work which no other can do. They draw serum to them as needed, hence it is prerequisite that they express, thereby maintain a normal tonus or secretion becomes abnormal.

Study reveals many secrets. There is much we still need to learn, but it is a step by step process to bring all to notice as have knowledge of fundamental principles. You think you realize all

about philosophy of action of kidneys, but we are just bordering upon it. Time and opportunities will bring out more, and in a few years retrospection will show a higher level.

Put into a definition, we would say: "Function of kidney is to personify those ideas, transformed into intelligent power, which is transmitted to this organ and its personification takes manifold expression. First, to convert urea to urine; second, to convert serum to urea; third, reversing certain chemical affinities for its own use as well as to make others which are sent back into glands to retain a standard normal metabolism."

Knowing these actions are performed, we can study the most important issue — what does it? We have presented idea of what kidney is composed and what those membranes do, but do you grasp what does these things? Action exists and is performed in an intellectual manner that it is "wonderful" to the uninitiated. To elaborate Innate thot and what it does, it becomes necessary to amplify upon that philosophical connection which co-ordinately exists between Innate Intelligence and physical body, without which organ would be as tissue without "life." Knowledge of what creates, builds, *what* kidneys do, giving anatomical organ ability to express physiology (function) that we may observe and see, is philosophical. Do YOU wish to study *a part* of this cycle; or, its detailed step and include all? To know underlying principles of how and what of this body in every division and part should be highest ambition.

Grandest thots connected with our lives, its workings, or those of machinery, are launched around a common thot. Creative intelligence is always great, has always been so, but common man has never seen it before and he presents things as they are seen, not always as they are. Innate Intelligence is great enough to invent and personify. Our conception to see may be limited; yet observations mean much to elucidating mysteries of all savants, for all time and in all lines of thot where there has not existed a true connection between creation and expression. These are things Chiropractic philosophy brings not alone in the world of humanity but in vegetable or mineral life as well. We try to decipher what intentions Innate had; then aim to allow them fullest possible expression by removing obstacles we can see in her way. Man makes similar objects out of other ma-

terial, using some portion of human body as a pattern, copying, as it were, but in every instance Innate's work has never been equaled. So rough is the one, when compared, that it shows how limited our efforts are. OUR expressions, those conceived and performed by Educated Intelligence, are at best crude and would have amounted to naught had it not been for that power given from same Innate source, which enabled our bodies to be used in training our hands to do things wished for.

Elbert Hubbard of Roycroft fame made a trip to see Miller, the California poet, whose home was a one-room cottage. Upon inquiry, "Where is your library?" Mr. Miller said, "Library, Library! Books are for people who don't think! People who think WRITE books." There is truth in that statement, applicable here. Few people THINK. They think they think, but they skim the surface. Number who go deeply when thinking are original "dreamers" who dare to conceive something good, even if populace attempts to cry them down. "Because GRAY says so-and-so, it must be true," is no argument. Many authorities state Gray is wrong. Books on anatomy, physiology, etc., come and go and are considered as standard. Their truthfulness or veracity is not questioned.

The PSC dares to enter field of past ideas, cut out a new cellar, turn entire plan over, make drawings for a new cottage, and build it according to ideas today. Whether this plan is right or wrong does not need years to test, for every plank is tested before nailed down. Some of material torn from old structure was utilized, but much was new. It pays to think. Accept nobody's word until you have investigated and know for yourself. Books are for people who wish to study and learn how to act independently but have not the power or ability to originate thot themselves, therefore imitate ideas of others and then study to utilize products to bring them into a lap of luxury. While The PSC has a library, it is referred to only when a new phase is under discussion and then to verify that the thot did or did not exist before; or to prove how little our predecessors knew. Chiropractic is the product of ORIGINAL THINKING, therefore world demands books to elucidate character which has been totally absent on its pages. It is because we wish future generations to profit by our interpretations of human body we permit publishing our manuscripts.

To average mind, including physicians, you drag forth a horror when "kidney diseases" are spoken of. They have no knowledge along lines other than those which can be weighed or treated by material means. Many cannot decipher a proper name, where to treat, what to give, for its etiology exists as a figurehead, not in their brains. Each disease has so *many* "causes" that THE cause is a hypothesis which is battled in many courts.

"Kidney disease" is what its name implies — a diseased condition of kidney. Kidneys are not at ease. How they may be diseased would be of little consequence to a Chiropractor, altho everything to physician. What caused dis-ease, or why, means to settle the dispute. That is what Chiropractic does.

To comprehend more than what has been shown, it is necessary to know what is at ease, and then broaden in our investigation and give something new. In fore part of this story we spoke of kidneys, their general form, action, and what structure did, as a means of paving way for greater intelligence. When those actions are normal, then all is at rest and quietness reigns supreme.

What may be wrong in kidneys is such a colossal structure that it has filled libraries, none of which investigations and writings have elucidated THE cause, for they study products — not producers. Kidneys may not be receiving enough urea or serum, or too much of either or both. They may not convert it rightly in quantity, quality, or chemical properties. They may be getting too much nutrition or not enough. They may be "feverish" or the opposite. So the chain can run endlessly in sections or combined — all products of what exists and why still as much a mystery as before.

What is commonly known as excretion of this gland is a utilizable product for another. In fact, a large portion of this body is based upon "heads I win, tails you lose." What is one's loss is always another's gain. Serum is acted upon by liver, and all chemicals which are needed locally by that organ are taken from it; then it is passed onward, goes to some other gland which receives and utilizes some other properties; and so the chain continues, all eventually to terminate with last materials to kidneys. They receive excrescences of superior glands and still find some value in urea which is removed and then expels waste

product onward. After passing thru kidney, it has reached last step of chemical bodily value and is expelled. Yet medical works of past and some modern works utilize these excrescences as medicines (under Latin names) and expect to stimulate organs from which they come; for instance, drinking urine to increase urination. It is usually effective, for urine has no value. Material good which it once contained is absent, hence it need not tarry anywhere, and luckily is forced thru and out in rapid time. Intent of Innate Intelligence is to rid body of that which she has once said was of no value.

To abbreviate what might be an endless tale regarding symptoms or combinations thereof, know that one or more functions are in excess or deficient, thus are abnormal. What matters WHAT is abnormal when that does not hold a candle to knowledge of WHY, for when *why* has been corrected, *what* ceases to exist. Man who knows WHY understands WHAT if he knows HOW.

Diarrhea is one of those diseases which has a close connection with actions of kidneys. If excretion is excessive then faecal matter is costive. If excretion is insufficient, then diarrhetic condition prevails. In that connection diarrhea may be considered under two heads: a "secretion neurosis" or a "symptomatic diarrhea". When diarrhea is present alone, as only observable symptom, it is due to impingement of secretory nerves. Atlas or axis recoil adjustment is necessary to correct condition.

Diarrhea may be an adaptation of Innate for removal of undesirable matter in cases of poisoning, locomotor ataxia, movable kidney, exophthalmic goitre, membranous enteritis, nephritis, enteritis (catarrhal, croupous, or ulcerative), poisonous drugs, Addison's disease, pernicious anemia, syphilis, cancer, cholera, proctitis, dysentery, fissure of anus or rectum, initial stages of appendicitis, colitis, or typhoid fever, etc.

Afferent impingement modifies character of impressions received by Innate mind, hence sensations following such conditions would be many and varied.

Where to draw between normal or abnormal kidney action has been problem of students. How to make a kidney behave has been conundrum of all therapists, including osteopath, but the first non-therapeutical study — Chiropractic — does not force

corrections but allows Innate Intelligence free play to perform as she wills, and then the WHAT disappears. Whether this or that individual is normal or not depends upon knowledge of WHY, and if a cause be found then Chiropractor must correct that and effects cease.

We have bordered upon knowledge regarding kidneys, but greatest surprise is when we investigate physiology as taught today. This is study of function and how it is performed. This is one branch of biology, yet any reference to a life which is present in live bodies and absent in dead ones, its studies and relations with or thru bodies which are living, and HOW that mysterious force controls "functions", we are left to guess. While physiologists switch to physical and chemical relation, we search for cornerstone and find nothing. They fail to recognize that neglected intellectual Innate power which runs things universally, and especially kidneys. On reverse, all medical authors taboo it as of no value; in fact, discountenance such. We quote from Kirke's Physiology:

"The question arises, however, is there anything else? Are there any other laws than those of physics and chemistry to be reckoned with? Is there, for instance, such a thing as a 'vital force'? It may be frankly admitted that physiologists at present are not able to explain all vital phenomena by laws of physical world; but as knowledge increases it is more and more abundantly shown that the supposition of any special or vital force is unnecessary; and it should be distinctly recognized that when, in future pages, it is necessary to allude to vital action, it is not because we believe in any specific vital energy, but merely because the phrase is a convenient one for expressing something that we do not fully understand, that cannot, at present, be brought into line with the physical and chemical forces that operate in the inorganic world."

Physician may argue, "Theosophical thoughts of a superior power are good enough in church, but we don't need such when dealing with physical properties; in fact, do better without reckoning with such a force. What we deal with is sympathetic reflex action, and that is the product of material things." That is one place medical man is greater than Chiropractor — HE tries to reckon without superior power, and WE appreciate that without it our work would be as nothing. Medical man allows body to replenish itself by its internal, physical means, a sort of perpetual motion, automatic machine. Medical man argues that "Your Creator makes you, but we are capable of running your



body after it is made. If your kidneys don't act right we slash and cut, trying to fit pieces to a pattern of our fantastic designs until we, through reflex action, do get it to work better or worse." While this may seem farfetched, yet when you study their physiologies and anatomies they do not recognize other than physical "Nature", nor are they taught one idea about it as a controller of the body. When physician operates, he does so to allow material "Nature" to cure or heal. When face to face with "What is 'Nature'?" he will reply it is a name given to sum total of sympathetic reflex action which is product of physical properties, therefore physician does not need assistance of God or Innate in any of his work.

Approach Chiropractor and he will say, "We know there is a creative intelligence; it had sufficient power to create the world, build you, and put you in it. It still continues to govern the world and its planets in all actions. Each movement we express is controlled and guided by that same intelligent power. It is individualized in each vegetable, animal, or human being. You may name this universality God. It is this individuality which we credit for our existence and it works unhindered in normal man, and restricted in expression in the sick. Chiropractor liberates passages and sees that Innate Intelligence (individual God) performs thon's duties. Chiropractor studies this intellectual Innate power and how it works in unison with every action performed. If man be at ease, normal, then he cannot be at dis-ease with his Creator, himself, or his neighbor.

When we study a portion of the whole we but study a division of the process which rules the organism. Kidneys are a segment, subject to same powers, creative and expressive. It is same force that makes them move; it requires momentum in action, therefore there must be source from which it comes. To maintain that body makes its power implies that physical life would be everlasting. Can engine create greater than itself? Can man create image of himself when greater intelligence is needed to reproduce his likeness than he has at his command? Source of creation must be superior to its product; therefore, man as the product must have a greater maker. If man were his own power maker, he should not be sick, for as he needed power it could be created and dispensed. These are things over which man has no

jurisdiction. This power is given as special dispensation at birth. It is so placed that man has no sway over it.

In studying "Kidney Diseases" we have more to investigate than physical organs, their chemical activities or relations to each other, or the connections they may have with other membranes; in fact, more than *material* disagreements are a necessity to make of them one complete unit. It must be placed in situ in living body. There must be connections with surrounding tissues and communication to and fro from Innate mind of man, in his brain. This must be direct and unbroken. When physical properties are normal, and power connections normally connected, kidney machines personify their work. As long as Innate power keeps centering at that point, organs will continue to deliver proper work; but if Innate force is checked or hindered in transmission, you may expect a mixup in product of machine, for it soon becomes so abnormal it is impossible for it to produce that for which it was originally intended. Physicians of all ages have studied organs, normal and abnormal, not power behind them or connections which are essential. Innate power is the most interesting subject because most necessary, and has been most neglected.

Behind all function is an intelligence which determines what character it shall take; how much or quality it shall be which segregates its divisions and places cells of proper consistency, etc. Many call it God, others soul; subconscious, non-conscious, or unconscious mind; instinct, intuition, or the term we prefer — Innate Intelligence. Innate — born with; Intelligence — intellectual power. Simultaneous with every action of kidneys is an inherent, intellectual power; it shows discrimination and adaptation in every act; it deducts and reasons why this or that has been done or what is needed to be accomplished; tells when kidneys are ready to and do relax and when contracted; whether such shall be done once or ten times, etc. Intellectual things accomplished could be dwelt upon as endlessly as physician's symptoms, but every act indicates its presence, therefore we are forced to recognize existence of this superior control — call it what you will.

When we say "at ease", we mean more than to imply that kidney is doing its best under physical circumstances with which

it is dealing. Chiropractor can prove what Innate ideal man is. His adjustments are for purpose of allowing Innate Intelligence to accomplish that. That standard will exist when we open all channels and allow power to get in harmony with all parts of all tissues, including kidneys. It means there must be "ease" between Innate and function, brain and kidneys as there is between boilers which create steam power and engine expressing its action. Then harmony exists between more than component sections of one machine, but between creation, transmission of power, and expression. Harmony *must* exist if actions are in unity, and if they are not then interruption acts as an intermediate.

Functions of several kinds exist in kidneys. Each must have quantity, quality, and speed. Each is transformed, guided in direction, and created by one and the same intelligence for that purpose. Spiritual must interblend and intermix always with physical to make life's complete cycle.

Without that power, kidney is so much dead tissue. Remove that organ from body and you have a dead mass of cells — "dead" in disconnection with live mind — beginning of physical life. Organs can be there, but Innate Intelligence is lacking, therefore he is not living. Add that intellectual power connected up in body and he will "pick up thy bed and walk." "At ease" means free, unimpeded current connection between that organ and brain that transforms it, and Innate and its function.

Innate brain is a fit medium to receive from Innate mind. Kidneys must be connected with brain thru medium of nerves. Corporeal properties must meet likewise; thru material channels courses this immaterial intelligent power. Electricity is immaterial, yet its transmission is thru copper wires. Nerves are conveyors of inherent force. There must be nothing upon path of these nerves that stops this unseen or unsensed force (creative power) which cannot be weighed, bottled, which is impossible for physician to trifle with by trying to imitate or usurp its liberties and right; hem it in by tyrannical statutes or analyze its chemical or microscopical qualities. Those studies require more than mortal minds to see. Physician is too much a physicist for such. And while there is much that Chiropractors do know, by observation of its handiwork, yet there will be much that we will not decipher for years to come. It is one of those supreme knowledges for

which men pray, in which women have faith, both go insane over, but the only man that sees Innate's work is one who studies product when passages are clear, and uses key to unlock door of temple of unity, and works with it thru fields of human labor and thot; that man is specifically the Chiropractic philosopher.

Power which guides kidneys thru intricate actions is unseen to our Educated minds. It is called mental impulse and should flow continually from Innate brain to both kidneys. If this is done, "healthy" action is result. That is "ease" — ideal type. It is not "nervous force" or "innervation" — it is MORE than that. "Mental" shows it comes from MIND, spirit, soul of man, travels thru nerves, and eventually reaches the organ and performs function for which it was intended.

It is universally known as thot preceding expression. Same is true of "involuntary" actions. Present day student believes because it is called "involuntary" it is something that is "reflex". He rests with that explanation because he dare not think, or because it always has been taught so in the past. That is what they told Marconi. No matter how, where, or what kind of action, "voluntary" or "involuntary", EACH has a controlling mind from which thots start and are given intellectual power to personify themselves, as willed, hence voluntary, no matter from which brain it starts; therefore, all actions are result of a command — nothing INvoluntary.

Creation in Innate mind, transformation in brain, transmission thru nerves, hence conduction to kidneys. These viscera receive and personify thots which started in Innate mind; such are successive steps. Thousands of fibers go from brain into kidneys and vice versa. Brain increases or decreases voltage necessary to perform various kinds of work which it is called upon to meet in maneuvering and adaptations with outside world. Kidneys must be in coordination with more than contiguous tissues.

Taking it for granted that Innate brain, as an organ, performs normal work, that nerves are free to carry all power thru them to where they end, then kidneys will receive power, unlimited, and result in health. Brain is enclosed within one solid case, so derangements of those convolutions are rare. Spinal column encloses spinal cord, which is continuation of that brain. Vertebral column is composed of flexible and turntable vertebrae, each of

which is a segment and capable of being moved — little when normal and much in traumatic movements. Further study reveals small openings between occipital, atlantal, axial areas thru which these nerves, branches of spinal cord, exit. If one vertebra (atlas or axis) is turned to an abnormal degree, it makes these lumen smaller, caliber is decreased, hence anything that passed thru with ease before will now have difficulty — pressure exists. Lack of conductivity of current follows. Thots are created and carried to point of pressure, expressions at periphery of nerve fibers are not at ease — there is incoordination between thot creation and expression — cause is in lack of transmission. This is the fundamental — a typical “kidney disease.”

Character of abnormal expression depends entirely upon degree of pressure at atlas or axis intervertebral foramen and functional currents are being held back from reaching terminations. Combinations of these two essentials are endless, for disease depends upon them. Physician is ever busy studying effects — Chiropractor concentrates attention upon atlas or axis subluxation, and deciphers functions involved.

Pressure may be upon fibres carrying mental impulses that are calorific when expressed, in which event there is going to be too much or insufficient heat. Suppose caliber is decreased upon nerves which conduct secretory mental impulses; kidneys will secrete excessively or too little, and person excretes a superabundance or lack of urine. There may be pressure upon nerves transmitting excretory mental impulses; kidneys will now pump faster than they secrete. Not enough goes in to meet demand being dragged outward; we now have different characteristic effects.

There is much that never will be known regarding symptomatology, especially when studied from external man, and seeing inflamed surfaces internally.

Chiropractor's success lies in fact that he takes into consideration knowledge of Innate Intelligence and bodies which transform and express such, how, why, and what for. Uniting these two studies and their divisions into one universal subject is greatest step ever made in study of man, beast, vegetable, and mineral life.

The PSC does bridge that gap. In a case of “kidney disease”, first consideration of Chiropractor should be, “Is Innate Intel-

lectual power leaving brain in sufficient quantity, with proper quality and degree of speed?" If answer is "Yes", then he must consider transmission. This being normal, expression must be equivalent. Transmission being abnormal, a lack or excess of, means that expression corresponds as well, and disease is the result.

It is knowledge of *one specific cause* which would produce *any* degree of life or death we have, and then ability to correct this cause. Chiropractic is just that, and that simplifies our work.

Where is THE spot on which we can place one finger and say, "There is where Innate Intelligence is cut off from reaching kidneys?" Where is that *one* block that is standing in the road? Where is the dam that stands between ultimate health and disease? Those questions The PSC and its graduates answer intelligently.

Chiropractic adjustments are effective in chronic as well as acute cases of "kidney disease," but it requires proportionately longer time to return chronic cases to normal. Power returns to conductors, and it is but a question of time until kidneys are at ease with Innate Intelligence, and result is health.

## CHAPTER 4

### The Story Of THE PSC LECTURE BUREAU

(Also see The Story of B. J. As a Public Speaker, p. 248,  
The Bigness of the Fellow Within, Vol. XXII, 1949)

From banquets in New York's Hotel McAlpin, to frijoles, chile con carne, and hot tamale in Original Mexican Restaurant in old San Antonio, or chicken-gumbo and bay creole oysters at Madame Beaugett's Original Creole Bedrooms in New Orleans during Mardi Gras; from whale-steak in Seattle to grapefruit in Tampa; from San Diego's Coronada, in sight of Point Loma, to Deer Head Inn in Vermont, with venison; from Boston, with its full dress, to the Moana or Young's in Honolulu, with fish and fruits; from banquets at national gatherings, down thru state associations, to New Year's celebration speeches; from Frats and Sororities to secret orders; from "The Jungle" with the King of Hoboes, to clambakes on seashore — we have been to many with quaint and curious customs, such as sitting on the floor while eating, to wearing full dress — meanwhile surrounded with a delightful atmosphere of friendship which made food a rare treat. We have been escorted to toastmaster's chair, and we have been toasted and roasted by toastmaster. We have eaten summer foods in winter resorts, as well as winter foods in summer resorts.

We have lectured in towns where we talked two hours, sprung every possible joke, closed with climax, and got nary a hand or smile; in towns where, in opposition to Elbert Hubbard, we had a crowd and his hall was empty; we have talked to full houses, in storms, and to empty ones in fair weather; where admission was by invitation, and where brass bands were used to fill the house.

We have spoken before chautauquas and Quakers; we have delivered sermons and memorial addresses in churches, lodge rooms, dining rooms, and in the open. We have spoken in public schools before children in kindergarten up to class assemblies in high schools, and in private and state-owned colleges and institutions. Yea, even more, we have talked from judge's bench in court house. We have been the guest of wardens and delivered

messages of cheer to inmates of penitentiaries and reform schools. It has been a wonderful education.

Of all public lectures given with good will and without premeditation, the most peculiar was some years ago in Mammoth Cave country, to colored brethren in a church at which we, innocently, were dedication speaker.

Mammoth Cave is in Edmonson County, Kentucky. It is mountainous country—roads are rough. In those days, room and board at Mammoth Cave hotel cost \$10 per week, and service was produced by ignorant black men of the mountains of Kentucky who never had an opportunity. Their lives were cramped. They knew no expansion.

Meal after meal, we were told about “de church bein’ built ober yonder in de hills.” We were led to believe it of “huge” proportions, “great” in size and costing “a tremendous amount of money”—all of which was told with great rolling eyes and much gusto, showing of teeth and smiling. Every time a penny was mentioned, it looked a cartwheel to these chaps.

Out of consideration, at every meal we did the usual, same as on a diner or in northern hotel. They needed it, and two-bits here, per meal, went further because it cost them nothing to live, and all of it went into “dat dar church.”

Being considered rich, we were officially approached by “the committee” to make a donation to “de church.” We gave a V.

Eventful day arrived. We were invited to speak. As evening rolled its shadows over the hills, a buckboard was dragged up by two mules. We piled in with Negroes in front of us, Negroes behind us, Negroes whistling and humming southern melodies which only they can improvise.

Mile after mile we went over hills where rains had washed dirt off rocks, leaving jagged edges which hit our wheels. Eight miles of this landed us on a high hilltop where stood this temple to which hundreds of Negro laborers, women and men, had consecrated their pennies for months and years. Pennies are golden eagles to these people. Their “church” was a roughboarded building about 25 x 30 feet, built strong enough to stand average storm. Seats were logs adzed on top side and resting on pegs. Altar was a large log, end up, upon which rested the Bible,



which few could read. It was a simple, saddening scene. About fifty people had arrived with their rib-showing nags and buck-board rigs.

We doubt if the building material cost \$100. It was built at night by labor which came from far and near; they worked for two or three hours by aid of pinepitch sticklights. Here stood their masterpiece of handiwork — a remarkable example of willing desire, but not much more. Crude building, lighted by kerosene lamp or two, a dash of gay color here and there, ignorant faces, coarse exclamations — with previous knowledge which had gone thru hills that “de rich gemmen is comin’,” thus was the scene peculiarly staged.

We went in, escorted by gaping crowd. Services began. Donations to cover the debt were first and last on program. Man by man, woman by woman, child by child, they marched from where they sat to “altar” and dropped in their penny. Hours were spent in waiting until the spirit moved them, then they arose and began chanting their cheerful humming, and slowly trailed to the “altar” and back, until every copper was “done give to de Lord.”

Suddenly, a white man jumped up with spryness, marched to the altar, and without preliminaries or song dropped a five-dollar gold piece into the rough board box. A dozen eyes rushed to see “how much.” Immediately there were whisperings, and soon the committee appointed themselves to come down to “de white gemmen” and see if he would preach “de sermon of de evenin’.” The white man consented and took as his text, THE FUTURE OF YOU PEOPLE. He preached the idea of getting acquainted with conditions outside of these holes in hills; getting in touch with things printed and pictured; idea of growth, and themselves as growing units; use of this church to develop a future amongst themselves. For thirty minutes, these people listened to a simple, child-like talk. The “Amens” and “God Bless Yous” were frequent — in fact, shouts of appreciation based on his picture of a better future for them came so fervently that he had to wait until the noise subsided so he could be heard.

Services over, these husky, honest-as-the-day-is-long negro people came forth to shake our hands. It brot tears to see what enjoying a \$5 or \$10 fortune meant to them.

We were driven back over rocks and thru mud to the hotel, to rest easy with contentment of having done something constructive for a people deserving, worthy, and appreciative.

There is always somebody ready to take joy out of life. Next morning we arose, with sun shining warmly into our damp, chilly room, and birds singing outside. Upon going to the dining room for breakfast, the clerk handed us a letter. It read as follows:

"Mr. B. J. Palmer: By speaking to them niggers over in the church last night, you have done them and us an injury. They ain't no good and never will be. You gave them stuck-up ideas and we can't do a damn thing with them. So long as they can be driven, they work. They've got their place same as horses or hogs. They must keep it. Your presence don't do these people no good. We ask you to git out of here today.

"(Signed) White Caps."

We asked the clerk if this was serious. He said it was. We took it for granted, based on reputation, and moved back to civilization that afternoon.

Of all lectures delivered, we believe this was most constructive, fraught with most danger. We did the most good and were driven out of the country for it. We have heard about lecturers being "rotten-egged" out of town, but here we were driven out by White Caps for trying to help Negroes up the ambitious ladder.

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There are two kinds of lecturers — those who enter the platform and tell people all they already knew, things with which people agreed, things people believed yesterday. These men are popular, never hurt anyone's feelings, are in general demand, and have plenty of recall engagements; and other kind of lecturer jumps immediately into tomorrow, forgets today, but occasionally drags audience back into yesterday that they might make a comparison between stage-coach and Pullman; candle and Mazda; ox-cart and Ford; etc. It is this dazzling future compared with slow, musty past which gets some people's goat. They want the future without suffering of ages gone. No dream is quite so realistic as man who has suffered abortions and births of both yesterday and tomorrow.

There is nothing quite so uncommon as common sense.

We have been informed some people consider our general style

of public lectures too radical in utterances. Moderation is doubtless considered a good thing by these people.

These same people, though, have not accused us of uttering untruths, stretching facts; neither have they challenged our figures or facts. They would like to have us talk to people who are spreading disease with serums, butchering them by hundreds, poisoning them in vain hope that some good might accidentally occur. They would like to have us tell what we do, why, and how, without contrasts, to show humaneness of our system and inhumaneness of theirs. They would like us to omit mention of growing rascality of political doctors and medical incompetents who are ever scheming to make more money and deliver less, using simpleness of people as a lever, using public calamities and ignorance as excuses for plying their ghoulish business. They want us to tell what a wonderful subject we have, without comparison to prove it. They want us to say how high up we are, without telling how far below us the ground is — forgetting we cannot go up unless we have something from which to be up.

William Lloyd Garrison was at one time counseled to moderation by his friendly critics, and he replied:

"I will be as harsh as truth and as uncompromising as justice. On this subject, I do not wish to think, speak, or write with moderation. Tell a man whose house is on fire to give a quiet and slow alarm; tell him to take his time to moderately rescue his wife from hands of ravisher; tell mother to gradually extricate her babe from fire into which it has fallen; but urge me not to use moderation in a cause like the present. I am in earnest; I will not equivocate; I will not excuse; I will not retreat; and I will be heard."

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Most people do not comprehend danger of present medical situation. We have one school of political medicine which is striving in every way, no matter how unfairly, to secure a monopoly of business of taking care of sick. They are forced to this by a growing opposition to old school treatment. Numerous new methods of taking care of sick have arisen — among them Chiropractic — and people find they get better results from new than from dangerous doses of old. Latter have ceased to appeal to people, who are invoking enforcement of obsolete statutes during heyday of allopathy, and seeking enactment of others.

It is strange but a fact that people who are most intelligent in matters of business, in professions outside of medicine, and in upper walks of life, know less about improvements in treatments of disease than common people. They hand all matters of health over to doctor of orthodox brand, just as they hand legal matters over to lawyer, or spiritual affairs over to minister, and expect each to take care of them. There is a great difference, however. Law is supposed to be good common sense, and a good lawyer is supposed to use it. However, if lawyer does make a mistake it is not beyond remedy. A doctor of orthodox school does not use common sense. If he did, he would have to quit that kind of practice. He depends upon tradition, superstition, carefully-preserved-and-handed-down error. He hangs to the idea that a doctor's business is to constantly and repeatedly attempt to compel Nature to violate law of Innate and do something she cannot do. When attempts fail so constantly that fact that it cannot be done percolates thru his brain, he becomes advocate of fads and follies, with equally disastrous results. His errors cannot be remedied.

This is an age of serums. Everybody is pumped full of serum, regardless of disease. It is well known that serums harden arteries and veins—similar to condition found in arterio-sclerosis. "Authorities" contend this. Imagine what condition our children will be in—granting their hereditary theory—with arteries hardened. As operations are popular now, imagine hemorrhages which cannot be stopped because of hardened arteries because of serums in generations before. Then legally they talk about eugenics—improvement of offspring and the race.

It is vastly more important to take care of one's body than one's property, yet a large number of people sacrifice health and life in an endeavor to accumulate property. Average man does not take interest in health matters until he has lost his in a foolish way. As long as he can keep at top-speed after the almighty dollar, he does. He slackens in pursuit only when he is compelled to. Then he consults a medical doctor who is going at top speed after the almighty dollar. If there is the shade of excuse there is an operation with usual "perfectly satisfactory" result.

Chiropractors are no exception to this rule. They come to save people, to get them well, to step up efficiency of individual; yet,

let a man enter Chiropractor's town, take the platform, and speak truth — something which may detract a dollar or two from patient or doctor — and calamity is upon him. They take occasion immediately after lecture to tell speaker where he could have improved, what he could have left unsaid, what he should have enlarged upon, and in a few days they write him telling what some of the old sticks-in-the-mud had to say about how he shook them up.

Motto of grafting surgeon is "Live and Let Live." Life to him is a joke, and he is fond of jokes. He takes them and sends them to the undertaker and cemetery trustees. End is grim, but not more so than treatment which brought it about.

If people whose lives are sacrificed would halt in this unceasing race after money long enough to take a common sense view of health and its preservation, and adjustment of cause, they would soon put mercenary doctors out of business.

There will come a time, not far away, when foolish ideas now advanced by allopathic doctors will be abandoned. This is repetition of history of all schools of medicine. There is scarcely a vestige left today of practice of thirty years ago. Time is within reader's memory when people were bled for ailments. We remember, later, when calomel covered all ailments. Then came heroic doses of concentrated extracts of drugs which killed too rapidly.

Serum business ushers in era of "preventive" treatment. This gives political doctor a chance, for practice is routine. This kind of incompetent practice is as good as wisest. He can inject serums about which only thing he knows is source of supply and price.

You know these things and much more we might say about medical profession and ourselves. You know their evils and our good. We know Chiropractor lives in his office and his home where Chiropractic is breathed every hour. It is his life and he forgets that great mass of public, who come to our lectures, differ with him.

Average audience we confront consists of 1,000 to 5,000 people. There are 100 to 500 patients who love their Chiropractor and his work. There are 200 to 1,000 friends of these patients who have been persuaded to attend. There are 1,000 who have been brot there because of advertising, because of curiosity, be-

cause of desire to see and hear, because of notoriety Chiropractor got at a trial held some time ago, etc.

To whom do we lecture? The 100, 200, or 1,000? What are objectives of lecture? First, to educate people that they may be better in health; second, that Chiropractor may get more business.

The 100 are already patients — they are boosters. The 200 are started, but not yet convinced. The 1,000 are lukewarm and would not at present go to a Chiropractor.

We can afford to dismiss the 100 from our arguments — nothing could turn them against Chiropractic. The 200, we will work for. They are still where they think there is "a great deal in medicine, altho Chiropractic may be good for lumbago or something of that kind." Then that big crowd of 1,000 believe "medicine is right or why could it have existed so long; Chiropractic is no good or these fakirs could get a license from the state," and "they haven't sufficient schooling to make them proficient workers." These and many slams are handed us next day — from the 1,000.

Next day, along come the 100. "Why didn't he tell us more about Chiropractic, what it does, how it does it?" Along come the 200. "We don't think he should have said so much against medical men and their practice, altho we will admit what he said was true." We have them thinking. Along come the 1,000. "We don't like that kind of talk at all. It hurts medical men. We can't see where destroying our faith in them brings us closer to you."

Dr. Chiropractor writes us a letter telling what people said — and goes on telling us that which we have figured out hundreds of times, for the reason that humanity is humanity.

Our friends present a different viewpoint than our near-friends or strangers. We desire to keep friends, to get closer to near-friends, and at same time get under hide of strangers. Great aim in all public lecture work is to combine and construct talk in such manner as to do all three. It has been our observation that no one should give orders who cannot take them. We should never ask another to do anything we couldn't do ourselves. Anybody can find flaws, but constructive criticism comes from experienced in same line of work.

What is Chiropractic? Isn't it a method of correcting these evils? Doesn't it meet appreciation of people? Knowing this, is it right to ask us to go on the platform and be a lukewarm type of speaker? Does it hurt to tell truth?

Remember back to many times you sat in an audience listening to public speakers. Did you go away from opera house, church, or auditorium enthused with a new radiant duty toward fellow man, after some fellow talked willy-nilly for two hours? Imagine that fellow who begged your privilege for being there; who weighed your every religious, political, and medical value before he said a word, and when he said it did so in a manner such as could offend no one. Did you like him? Did you want to shake his hand?

Public needs more men who have studied Chiropractic long enough, deep enough, thoroly enough, who are Chiropractors who can and will take platform to wake up the people.

## CHAPTER 5

### The Story Of B. J.'s FIVE HUNDRED DOLLAR CHAIR

Away back years ago, before Michigan passed its Chiropractic Practice Act, a certain Minister from Michigan came to The PSC. He completed part of his curriculum. Without finishing, he went back to Michigan to practice, thinking that finishing his course, graduating, and getting a diploma were not necessary. Then the Act was passed. He could not get a license without his diploma. He, like many others, had practiced without a diploma; but the grandfather clause in the Act entitled him to a license without examination, upon presentation of a diploma.

He came to Davenport and made an appointment to see B.J., prexy of The PSC. He hemmed and he hawed — never quite reaching the objective of his visit. He squirmed and twisted. Finally, he screwed up his courage, reached in his pocket, pulled out five \$100-bills, and offered them as a purchase-price for a diploma. We told him quickly, firmly, but as pleasantly as possible, that we never had sold a diploma and we would not begin with him. He left, crestfallen.

That Christmas we were presented with a grand all-leather rocking chair. We are sure it did not cost him \$500, but it did cost us that. It came with his compliments, saying: "You saved a Minister of the Gospel from becoming a dishonest man, trying to bribe you and buy that for which he was not honestly entitled."

We have that chair today. It is B.J.'s chair in his home. We have several times been offered more than \$500 for a diploma, but we have never sold one, stretched time, back-dated a diploma, or done anything but strictly legitimate fulfillment of our contracts. No student gets his diploma until full time has been put in — a condition which every Chiropractic Examining Board knows. Our credentials have never been questioned — and they never will be.

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P.S. Later, this preacher came, finished his time, earned his diploma honestly, presented it to Michigan Board, and secured his license.



## CHAPTER 6

### The Story Of PUBLIC SPEAKING

(Also see *The Story of B.J. As a Public Speaker*, p. 248,  
*The Bigness Of The Fellow Within*, Vol. XXII, 1949)

When a speaker steps forward to the footlights, either with or without introduction, his audience is in an unsettled state of mind. They have been talking about the weather, or about what previous speaker said. To get attention of audience is first duty of speaker.

Many speakers purposely begin their talk in a soft tone of voice. At first, audience is vexed and disappointed because they strain to hear what speaker says, but in very act of straining does he grip their attention, after which he can open up to a usual, well-modulated voice, bringing in emphasis at proper time and place.

We interject a comment on this phase, taken from *American Magazine*, November, 1912:

"There is need here only of my directing attention to some of salient features of this speech, which undoubtedly will rank among greatest of our historical documents. That at the beginning it was keyed so low, undoubtedly helped the President capture at once the absorbed attention of his audience."

Majority of lecturers start with some commonplace remark about local people, local conditions, or a joke. Many speakers step forward, wait a few moments until buzz of conversation stops, then begin.

Audiences are more or less on a tension, upon arriving. They may be cold, and must get warm; or, too hot, and must cool off. Before they receive speaker's message they must be receptive, affable, friendly. It is up to speaker to draw audience's attention by his manner of speech — in his first few words.

It is well to disperse lecture with a sufficient number of jokes. Too much seriousness for a lecture is as bad as an entire series of jokes.

Having grasped attention of audience, speaker should hold it.

He can do this by making lecture interesting. Subject must be made clear and understandable.

Manner in which subject is presented depends upon character of audience. Comparisons are never odious providing they are true to facts on both sides. Questions, if properly put, do more good in answering problems than direct statements, for that argument has most effect which raises question and LETS AUDIENCE answer it. Comparisons and contrasts are largely used, but to be valuable and strengthen a lecture, they must be aptly and rightly used; otherwise, they act as a boomerang. Suppose speaker is talking to a bridge engineer and falls back on bridge terms, to explain Chiropractic, using wrong terms in wrong places. Engineer has good reason to assume that speaker knows as little about Chiropractic as he knows about bridge construction.

Majority of best speakers make no attempt to be oratorical, flowery in language, and do not use long words or quote dead languages. They use common talk of household, now and then throw in a slang phrase, quote a newsboy, Irishman, or German, etc. They use common homely stories and experiences.

We have seen two men lecture to an assembly, for purpose of raising subscriptions. One flew all over Europe, Asia, and followed Columbus in his discovery, finally taking a fling at airship flying and automobile building, and left all with a high-in-the-air taste in their mouth. He got no response, hardly a handclap. Second speaker was a self-made man who dragged forth things they knew to be true — something that was in their office or home — and then told them of advantages to be gained by their subscription. When he sat down, he got a rousing handclap and this was psychological time to raise money. They gave it in quantities.

Speaker should talk distinctly, clearly, make illustrations pointed, FEEL what he says. We have seen men who meant what they said, were sincere in all viewpoints, but their manner was that of a constant, monotone, hum-drum language which made everyone tired.

Lecture should not be sing-song; it should be pungent, expletive, with plenty of inflection and emphasis. When speaker has a strong point to make, he should use strength of voice, throw in a few gestures which give a strong tone and color.

Speakers succeed or fail only in ratio to what they know to be facts. Every public speaker of note is an actor in the degree that he makes audience feel what he feels. This calls to mind a preacher we saw on the street. He jumped and hollered, ran length of platform. Audiences were on both sidewalks, and he would gesticulate and run from one walk to other. As we looked at that candid, frank, open countenance and way he worked to exhort his listeners, we were strongly convinced he MEANT all he said, even tho we did not agree. He was sincere, but his manner did not draw us to his cause.

Test of talk is in its lasting weight in minds of listeners. Another man may have been as sincere, but it would have been hard work to convince us he meant it if he had stood by one sidewalk and, in a monotone, told us what he believed. Purpose of any lecture is to demand a greater or new action upon part of listeners. Is there anything in talk which startles them, arouses them from lethargy? Speaker should tell them things they should know, warn them, awaken them, show them right way.

Novice at public speaking fears to tell truth, whole truth, and nothing but truth. He thinks he must slip in plenty of white lies, embellish his talk with much varnish. We have never found this true. Truth is so uncommon that when it comes it awakens new ideas—new life. Facts truthfully told are all needed to win confidence of audience. Absolute frankness always wins with audiences.

A few Chiropractors sit in an office and fail to convince patient he has a subluxation and they are the fellows who can adjust it. They lack giving-forth process. Public speaking would give them confidence in themselves.

Successful speaking consists of thoro preparation—plenty of time studying subject to be discussed.

A Chiropractic speaker must remember any audience is composed of a mixed and motley crowd. He will have engineers, scientists, laborers, etc. They are all sick. Everything he can say must be of such consistency that it cannot fall thru ANY of their mental sieves. To do this means to know whereof he speaks, from every other person's angle, medically, surgically, scientifically, as an engineer, etc. To make a mistake is easy. For speaker to lay himself open to criticism on questionable

ground is to make it possible for audience to question every other ground in same way.

Lecturing is a public recitation of ideas, things, or conditions. He who has gone thru them can best tell them. He who is a self-made man is best able to tell of the things he experienced. Many speakers think when they step on a platform they must lose their personality, think they are talking to an audience in the abstract, carry a serious face, not joke for fear of offending some, etc. These are wrong conceptions. He who is at ease on a platform is best speaker, for he wins his audience by himself.

Success in public speaking is comparative. What one calls success is failure to another. Value of a talk should be judged by how much speaker convinced audience to change mode of living from their way to his. To accomplish this, certain people set forth rules to follow. Stand this way, hands here, hair parted a certain way, don't resort to this or that. We believe those who have subjects to discuss should talk and forget manner. Many use manner as indicative of power.

There are several kinds of speakers: those who are born, those who are natural, those who are manufactured, those who are canned, and those who are parrots. Born speakers have a memory for details, a good appearance, use good grammar. Manufactured speaker learns speech written by another, memorizes it to perfection, has been taught eloquence by repetition. Canned speaker is a memory man. He monotonizes, sing-songs his talk, says good-night, and people forget him as soon as he leaves platform. His time is short, his service of little value. He is called upon only in an emergency. Parrot speaker is of same character with even less ability. He is found in Podunkville, reciting "Paul Revere's Ride."

Inflection and emphasis have much to do with public speaking. Oftentimes gestures strengthen emphasis. Some speakers are afraid they will move from where they are — they should not be glued or cemented to one place, yet should not be jumping-jacks. They should use every motion, emphasis, or inflection which elaborates point, which will make audience carry away more than they brought.

Most speakers who have a new subject have a series of notes. They are constructive. They build their outline, and lecture

merely fills in skeleton. To construct an entirely new lecture, it is best to outline crudely and roughly the GENERAL plan. On second outline, fill in more necessary details. This should be gone over and rewritten at least three times. Fourth time, work for ELIMINATION. Cut out unnecessary words which do not add weight to subject. These notes are not the lecture, but a short abbreviation of main subjects to be enlarged.

Nothing is so tiresome to an audience as to listen to a lecture being read. Those who read lectures do so because they have no confidence in themselves, think they cannot remember their subjects or words. We would rather listen to a poor lecture given from memory, than to sit thru a couple of hours listening to best lecture ever written and read.

Radical lecturers are such in proportion to subject introduced upon which audience is not posted. No matter how rational truth is, if it's new it's radical. It is not uncommon to be called radical; great question is whether we are right or wrong. Having established in our mind we are right, we dare to tell it to any audience; but how to tell it to win an audience is the burning question. If we are presenting subject for first time, we tone it down, make comparisons simple, for it is better that audience grasp one simple element of a new truth and retain it. Truth is rare, for truth is comparative — therefore hand it out enticingly, gently, and with a smile.

It is not considered good judgment to hold an audience more than one and one-half hours on average subject. After a certain time they get tired, begin squirming and fidgeting in their seats, and that distracts attention. If audience is a special or picked one, and subject entirely along their line, circumstances may vary as to time; but even here time should be reduced as much as possible. If one is allotted ten or fifteen minutes, as occasionally happens in an after-dinner speech or reply to a toast, every word must count and weigh. Some of best speakers tell but one joke which is so pungent, contains so much that apropos to subject, that it suffices to do all that a lecture might otherwise cover.

Stagefright is a bug-a-boo to novices. Confidence is gained only as they get experience. Experience begets confidence. Suppose nobody ever did anything new because he was afraid somebody would comment unpleasantly about his efforts; then the world

would be at a standstill. No one can beat mankind talking PRIVATELY, but almost anyone can beat mankind in public speaking. Success of a Chiropractor will be measured by part he plays in public policy of that city to which he attaches himself. He can make his name famous by self-sacrifice or he can make his name one of trust, strength, command position, and be respected addition to social and commercial interests — a business man among business men. He must divide mental and physical capital between his office and its growth and what he may give to his city to help its social and financial interests broaden. He must be a good mixer, attend social festivities, support them financially, etc.

As a boy, we realized Chiropractic would become big and it would evolve upon us to make ourself a public character. Nothing would do this more than public speaking. Therefore, we stood sticks of wood upstairs in the old barn and lectured (as we called it then) to the sticks of wood, trying to convince EVERY BLOCKHEAD that we were right, so thoroly convincing every stick that each nodded its head, as much as to say, "You are right." When we saw every one nod its head, we knew we had convinced them; and if one did not nod, we kept at it until it did. From upstairs of barn, we graduated into cellar, where our first class was held.

The story is told of a minister: He stepped into the pulpit for his first Sunday morning sermon. When he saw faces he became dizzy and ran. His father who had been a minister said to the son, "What means this disgrace?" "I cannot speak to those people; I am tongue-tied." "Go to the country, go into the cabbage patch, stand at the end of the patch, and talk. Next Sunday go into the pulpit, feel that what is before you is the cabbage patch, and you will have no difficulty."

Our class consisted of thirteen at that time. We wanted to give lectures. In our first, we sat down in a chair, feet upon table, with soles facing audience. We smoked a cigar while talking, and when we felt we had finished we stopped. All congratulated us. Next time we did the same, until we were convinced it was not proper to smoke a cigar and have feet on table. Next time we sat in our shirt sleeves. We were urged to put on a coat. Finally someone urged us to STAND UP and talk, so we stood up. Then we were urged to put on a dress suit — and that

was unkindest cut of all. We felt very uncomfortable. We speak of these by way of showing we have had trials and tribulations in public speaking.

Every student, in process of education, is storing away more nuggets than he thinks. We find that true because when students are squarely against a question they **MUST** answer, somewhere down deep there arises an argument. It goes forth, and they wonder afterward where it came from — it was absorbed but lay dormant until somebody awakened it.

Public speaking is standing upon a public platform, before an audience, declaring oneself, trying to convince strangers as one would friends in his home. Public speaking always has one purpose — to convince the **OTHER** man. Before a Chiropractor gets a patient to realize he must be a patron, he must convince him. If Chiropractor isn't convinced himself, he will not be able to convince others.

Public speaking is to transplant ideas, individuality, to another man's mind and body. That there are three or four hundred, or three or four thousand people should not change attitude toward convincing **OTHER MAN**.

For instance, a patient approaches Chiropractor, stating "I am sick." Chiropractor will analyze case, find subluxation, tell case about adjustment, and proceed to adjust. He will tell case about Innate, that Innate is law, etc. He will convince patient who will begin taking adjustments; he has his confidence, therefore a friend. In public speaking, only difference is larger audience — he must convince four hundred or more.

We might say two things go to make a public speaker, and they are most important: first, know **WHAT** to say — have a clear, concise, logically constructed line of that in **YOUR** mind; second, present it as **YOU** see it. Speaker must first convince himself, then his audience.

Public speaking is hard for some, but you all have it in you — you are all artists in public speaking. Some of you have choked it down until it can't flow; some have it more than others; but all have it. It is a question of unlocking the door and letting it flow.

## CHAPTER 7

### The Story Of HEMORRHAGE

"Hemorrhage" is defined in as many terms as authors quoted. We shall place an interpretation which has not been made before.

Webster says:

"Any discharge of blood from blood vessels."

Dunglison tells us:

"Bleeding, loss of blood, rupture, bursting or breaking of a blood vessel, discharge of blood from vessels with or without rupture of their coats."

He takes considerable space with "traumatic hemorrhage", "passive hemorrhage", etc.

Blood consists of red and white corpuscles floating in urea in arteries and veins. Chiropractically, it is name given to red and white corpuscles. To float corpuscles it is necessary to have something in which to swim them. They are around and within plasm or "liquor sanguinus." About this fluid, little is said. Where it comes from or where it goes, what its purpose is, are not known, consequently not talked about. "Blood" is defined in a loose and questionable manner. Its definitions are not confined or tangible. This liquid part, that which floats corpuscles, is a part of continuous serous circulation. Corpuscles are floated within urea same as nutritive qualities are floating in serum. That is one object of serum. In arteries or veins, tho, liquor is not serum but a form of urea.

Process of osmosis of liquids thru walls into arteries is that of extracting from serum nutrition which muscular fibres need, consequently when in artery it is urea. Corpuscles are tissue structures, hence need nutrition they get from elements after serum has passed thru muscular walls. Nutrition is not kept in same high form as when it starts. What an excrescence is to one tissue is food to another. Waste from arterial and venous muscular walls is food for corpuscles. When ready to leave, it goes to places where least resistance will be met (intercellular spaces), for passage of urea from them externally to onward portion of serous circulation. From there it eventually reaches kidneys;



inward circulation being *intracellular*, and external being *inter-cellular*. Corpuscles meanwhile are transported back to heart, reoxygenated, and again started back thru similar processes mentioned. It is corpuscle which carries oxygen to various parts of body, and carbon dioxide from. Usual interpretation which we find in books is a fluid substance found in arteries and veins.

We make distinction between corpuscle and matter in which it floats, altho in anatomy it is usually spoken as various parts of one. Name further designates a certain compilation of substances placed together in certain composite form. Man is seven-eighths water and blood is almost three-fourths water, and balance corpuscles.

In this liquid is a deposition of pigment substance which gives red color. After corpuscles give oxygen to cell and combustion has taken place, they pick up carbon dioxide which is circulated back to heart. Meanwhile, it has changed color. Instead of being scarlet, it becomes somewhat purple. That shows certain elements have been subtracted from arterial blood and venous blood represents balance. Every structure which secretes or excretes liquid does so by depositing more or less pigment in it. Pigmentation is one combination of chemicals necessary. Blood, as secretion, has color as much as bile, pancreatic juice, gastric fluid, etc.

Individual cuts his finger. It may be small. A "little blood" gathers on surface. Soon coagulation takes place and we say "blood has coagulated." Yes, blood has hardened, and for it to become solidified there must be certain things changed, i.e., from corpuscles has dried urea. For a more simple illustration: potted plant is wet and then dry. What change took place? We did not see anything leave. Was anything added? Not necessarily. Change which took place was that of absorption of liquids formerly contained in earth. Blood is corpuscles; water is urea. Liquor leaves corpuscles thru breezes blowing over cut surface, which breezes absorb moisture and leave corpuscles in solid or dry form. We still call it blood, even tho urea is gone. This is clotted blood.

In common disordered conditions of menstruation, there is a deposition of blood. It may be spoken of as a "clot of blood." When we analyze this under microscope, we find sometimes it takes such phases as to be known as tissue. Sometimes it is

difficult for histologist to say, "This is tissue and this is blood," or to say, "This is a clot of blood," or "This is the early semblance of a foetus." Sometimes best histologists are confused in correctly naming it.

In man there is a blood circulation of body. Chiropractically this means a circulation of urea which is constantly floating an army of corpuscles. This is divisible into systemic, portal, inferior and superior cava as they convey liquids back to heart. In summing structural constituents of veins or arteries, aorta and its branches, heart and its divisions consist of muscles, large and small, short and long. These muscles are detailed into squads and follow definite plans for a systematic series of movements. They are arranged in layers, having certain specific directions of functions to perform. Investigation of muscular structure of walls of arteries and veins is one great subject we have for individual study.

They have usually been described as formed of three coats: First, external laminated or areolar membrane, tunica externa or adventitia or cellularis, vagina cellularis of dense and close character; second, middle coat, tunica media or elastica, composed of fibres of elastic tissue and of smooth muscular fibres and eminently elastic; third, inner or endothelial coat, tunica intima, or glabra, thin diaphanous, reddish, and polished, composed of pavement epithelium delicate connective tissue and elastic fibres, perforated so as to entitle it to name of fenestrated membrane.

Let us work layer by layer, from inside to outside of artery and study its tissues. On inside is epithelial layer. It is a mucous membrane of very fine velvet consistency. It has a "nap" kept moist by an oil oozing out, consequently as "blood" passes thru veins there is practically no friction. On outside of this epithelium we find interconnective tissue, serous in function. It is cross-grained and thru this is coursing a fluid. We call it, for want of better name, serum which passes thru epithelium and then its inner surface has "mucous" as a product. Outside we find a coat of muscular fibres, minutely small, each of which has a certain direction, obliquely downward and around, like a screw, starting at most superior portion of muscle and having movement downward and away from head. Have you ever

noticed how shavings come up a bit when boring a hole? They work up spirally and in this case muscular contractions work down spirally.

Tubes are of varying diameters altho same conditions exist in all. Liquid is poured out from heart at one end and eventually reaches heart at other end; but meanwhile, during passage it is not standing still, as regards its downward course. People seem to have opinion that water which is on left of hose at faucet may stay on left side until it reaches nozzle. This is not true here. Muscular cells are spirally laid. When a continuous flow of mental impulses is poured into them they contract spirally; hence blood takes characteristic movement as impelled. With spiral stairs, people must go round and round, and at same time downward, to get out at bottom. Transmission of blood reminds us of spiral fire escapes. This is done to make more perfect transmission and to see that blood and its elements get properly mixed from end to end and at same time swashing it around and around, passing it onward and forward, and swishing it from side to side in a circular or spiral manner. Idea is to give it that spiral whirl to mix it well as it goes onward.

Outside of this layer of muscles is another intercellular covering of tissues, and in this is fluid called "serum" in constant circulation and external to which is another layer of muscles. Altho there are already two sets of fibres, yet Innate deemed that not enough and gives the third. Direction of deposition of fibres of each set is different. In this fibres go around, transversely, not spirally, from side to side, making simultaneous movements on all sides and definitely making opening smaller, pushing forward at all times. This is so steady, regular, methodical, that blood now is going onward in three directions: first, with that round and round movement; second, going forward by a contractive move from side to side; third, that longitudinal contraction which always pushes spirally downward. It is pushing it in and pulling it out. Three movements make that lumen larger and smaller, constantly giving a combined impetus forward.

In first illustration, while there is a spiral contraction of size, real action is to start it around in a twirling direction, and next is to increase and decrease size of that artery. On outside of this is another set of fibres, and on outside of those is a third layer of muscles which run full length of tube, always perpendicular.

Result is combined action characteristic of wormlike movements. Briefly, then, a review of these muscles taking from inside out: first is mucous membrane; second is a fine network of fibres thru which is coursing a serum; third is another layer of muscles, again another intervening layer thru which serum is flowing, another layer of muscles. And outside of this is a fine capsule which invests arteries, veins, and even heart, all of which receive serum as it is gradually working from outside to inside.

Question arises: "What has this to do with leakage of blood from body?" Muscles have a specific intellectual tonicity. One individual says, "I feel tired." He is not up to tone. Other says, "I can work with more avidity than I could yesterday." Why? There is lack of tonic condition in one, and normal in other's muscles. What is lack of tonicity? It is a lack of current force, power, energy. When we study more minute muscular fibres which surround arteries or veins, better we come back to same condition, where they must have a normal amount of strength, same amount of contraction as any other part. Every muscular fibre, no matter whether it be in arteries of feet or head, must express impulses when they come to them. They must be able to accept and take it unto themselves and personify creative types.

Revert back to starting end of our tube. As soon as every muscular fibre in three divisions of that tube receives normal amount of impulses, those fibres contract with an equal spirit, force, or energy. But, suppose this force were cut off; watch changes which take place in that muscle now standing erect. It is going to relax and drop. There is one name used to express that quality — prolapsis. Some call it hernia, and call the more pronounced after effects hemorrhage.

Watch a similar change with an artery or vein, and you will see how we get INTERNAL hemorrhage. Muscular fibres relax, prolapse. They struggle trying to do their duty in circulating blood forward as best they can, and finally weak muscular fibres separate or spread one from another. Relaxed fibres leave erect ones, and each successive layer externally will spread from next adjoining layer, either internal or external to it; and splitting and spreading in these makes an opening from outside to inside. Blood having more pressure-force than weakened resistance of tissue, rushes or oozes out, and is called a hemorrhage. How large or how small hemorrhage is depends upon how much tissue is

involved in layers of muscles. How bad hemorrhage is, is determined by number of fibres relaxed. Patient enters, with bleeding nose. To some it has no further significance than that "blood is coming from nose." Another, as he studies hemorrhage, will say: "There is an opening somewhere inside where muscular fibres around an artery have spread." Another sees fibres and mentally approximates how everyone must have a certain number of mental impulses of specific quantity and quality. Muscles are organically normal but he sees functional impulses which should reach them are not doing so. He further sees subluxation. He will give adjustment, open occluded foramina; currents will come from brain, nerves will increase their transmission; current enters and goes to muscular fibres; they receive and permit them to contract their personality. Its actions express what we would do under same circumstances, only they did it better.

What is hemorrhage? By adjusting subluxation, restoring transmission of currents, inducing muscles to contract, breach in arterial wall has been closed. Who closed it — we or the Innate mental impulse currents?

We might consider hemorrhage of uterus. Hemorrhage may or may not be of large size. Flow may or may not be of great quantity. When considering where hemorrhage is, whether artery or vein be large or small, it brings to view fact that larger the tube, greater is quantity of blood transportation; consequently greater pressure from inside to outside. Resistance internal and external to an artery or vein must be EQUAL at all times. For one to be above or below other is to expect either varicose veins or hemorrhages. In creation of things everything was made to withstand a certain force, certain amount of power, and muscular fibres of uterus represent a similar expression. When one is breathing normally, there is same amount of air pressure within lungs as on outside. Pressure ought to be same on all sides at all times. Hemorrhage of uterus is same. Watch successive changes which take place. Blood flows to uterus with a certain internal pressure power behind it. Suppose we study structure of wall of that artery. All fibres stand up firm and offer specific resistance, and act not only as retaining wall but also a moving retaining wall which forces blood onward. Suppose muscles become relaxed or prolapsed; wall has weakened. Blood keeps flowing onward at same rate of speed and with normal degree of

internal pressure upon side walls. These walls no longer hold it, a leak has been sprung. There has been no tearing or splitting, only a simple prolapsed separation of fibres.

What can be done in a case of this kind? What is proper thing to do? Heat expands, cold contracts. Hemorrhage is there because muscular fibres are prolapsed, relaxed — expanded. If desire is to treat effects, fill uterus with cracked ice or apply ice wherever hemorrhage is or as near to it as possible. It cools, chills, causes muscular fibres to UNnaturally contract by way of resistance to cold. As soon as uterus gets hot again hemorrhage can return. It may be useful as long as it lasts, but there is going to be further trouble later.

Knowing condition which exists, and how simple its cause, one can see that to doctor effects would be but temporary relief, at best. Proper thing to do, knowing that currents are cut off where hemorrhage exists, is to adjust those fibres from effective to causative location, and adjust vertebral subluxation.

What to do in an emergency is an important question. We have seen severe cases in which an adjustment stopped hemorrhage. Reason why abrasion would not contract at edges was because of lack of impulses. Adjustment permitted them to be restored, hence normal action stopped flow; muscles around mouth of opening were closed.

Typical case of prolapsis is well known "varicose veins" in which many muscular fibres of one or more of the walls of many various veins become relaxed, prolapsed, and venous blood oozes thru these walls like so many small balloons on surface of vein. Prolapsis may and may not bleed, yet foundation is laid for it.

Hemorrhage, then, is based upon relaxation or prolapsis, abnormal drooping of arterial muscular fibres. What can a Chiropractor do? Give an adjustment to restore mental impulse current. As soon as current arrives, fibres draw up to normal position.

We advocate adjustment of cause. It is simple, plain. It is wonderful how quickly we get results following adjustment of cause for hemorrhage.

## CHAPTER 8

### The Story Of GEORGE SHEARS

George Shears conceived the G-P-C idea of approach to our Chiropractic practice problems. His first step was that Chiropractic was a God-given right of man to man; that the right to get well did not come from any man to any man; it came from God direct, this was Innate within the sick individual. This WAS the Chiropractic concept and had been since 1895, for which George Shears gave "the Palmers" credit, for discovery and development. Weaving into and a part of this was that man was entitled to get well under terms of his own making, to volunteer a pay service according to what sick man considered his health or life worth. We have consistently agreed this, as a principle, is sound, viz., that people SHOULD pay according to value of service rendered. However, we have consistently said average human being is selfish, a human hog, takes and seldom gives in value, steals all he can and gives as little as possible. Between these two extremes is a process of education from selfishness to altruism. Could George Shears educate enough people quickly enough to accomplish his objective? Eventually, given years, yes. Now, to live on, no.

George preached his gospel in conferences, at Lyceum and other places. A few idealists whole-heartedly agreed, adopted his plan, started and built practices along those lines. We have observed, however, that successful ones do not leave the question entirely to VOLUNTARY contributions but do put on heat and pressure in varied subtle manners to secure enough income on which to live. In this respect, they have been and have done no different than preachers who "pass the plate" and "urge" necessity to beat the devil and hell.

Servers were tested. Many adopted, adapted, tried, failed. New converts added. Some stuck, others dropped by the wayside. None of this discouraged Dr. Shears who insistently felt he was the apostle of a new method of delivering health.

Later, to be consistent, George added legal views to his professional one. Being a "God-given right" no man, set of men,

regardless of whether professionally-medical or legislatively-legal, could give or take away this right from the sick populace.

Thereupon, George returned his Chiropractic license to practice, issued by the Indiana medical board, refusing to acknowledge its right to grant HIM any Chiropractic right to serve the sick. This started an avalanche of issues which are still in the legal caldron of discussion.

This was written in spring of 1950, when established CHIROPRACTIC principle and practice were in use by G-P-C Servers and before a different approach was formulated, born of a desire to evade and avoid injunction suits against George Shears and others in Indiana. Certain suggestions were coming our way, sufficient to suggest what might be in making if certain issues came to pass. At that time, G-P-C meant God-Patient-CHIROPRACTOR.

To review: George Shears held an Indiana medical license to PRACTICE CHIROPRACTIC. Consistent with his thinking, he returned his license to the Medical Board, asking them to revoke it. There was no such provision in medical statute. They returned Chiropractic license to Dr. Shears. He refused to pay annual renewal fee. He was then automatically practicing medicine without license. Medical men sued for temporary injunction, which the court refused. Medical Board sued, and Dr. Shears was tried in courts for permanent injunction which WAS issued. Dr. Shears has continued practicing, violating permanent injunction.

Dr. Shears came forth with the G-P-C idea. Consistent with that, he believed it necessary to return his license — which he did. They could not revoke it, and sent it back to him. Here is when he saw how few of his people in Indiana would follow him. When he asked Indiana unlicensed Chiropractors to also return their licenses to State Medical Board, how many did? HE was the only one.

As an outcome of this legal tangle, right or wrong, good or bad, constructive or destructive, good or poor judgment exercised, idea developed of taking advantage of Christian Science religious exemption in Indiana medical statute, of "healing by prayer and spiritual means" of getting sick people well "by the



laying on of hands." In a letter, May 19, 1950, George Shears explains this as follows:

"Ever since the G-P-C Service Principle was born, I have tried to follow my 'inner instructions' in all things, and not let my 'educated' inhibitions interfere. One who does this is often considered 'crackpot' and emotionally unstable, yet he has no other course if he is to be true to himself.

"This plan of action or 'following instruction' has led to my present situation wherein I am permanently enjoined from practice of 'medicine' and what the courts call 'Chiropractic.'

"I followed the urge to refuse cooperation with the State Medical Dictatorship WITH NO IDEA OF WHAT COURSE WOULD BE FOLLOWED at the time, except as time indicated the 'way.'

"A year and a half ago, I was 'urged' to investigate Bill Grant's suggestion that it was 'not the force' which Innate used to make the adjustment but the 'energy' provided as our effort at giving the adjustment caused an 'energy field' to be created from which Innate could draw for her needs for additional 'energy' with which to restore transmission after 'unlocking' THE MUSCULAR LOCK which held the vertebra in abnormal position.

"I decided to find out if Innate would make the adjustment WITHOUT US DOING 'ANYTHING' physical to the spine or body. A long series of tests with X-ray and Neurocalograph and leg check, and excellent results in the form of restored health, surprisingly verified all that Bill had been telling me for a long time.

"I then asked myself, 'Is this the answer to our need?' I continued to let things 'develop' according to 'plan' WITHOUT KNOWING WHERE it would lead."

Contained in that letter was a recently-printed circular. We quote following, which shows our thinking previous to this date had been accurately prophetic:

"The G.P.C. Principle  
of Health Restoration.

"These signs shall follow them that believe. . . they shall lay their hands upon the sick and they shall recover." Mark 16:18."

"The letters G, C and P, which form the triangular emblem of the G.P.C. Servers, represent the words God, CHRIST and People, and have reference to The Giver, the expression of The Giver (the Gift) and the Receivers thereof. This is symbolic in a spiritual as well as scientific sense of the 'circuit' which maintains the life process within man.

"G.P.C. Servers, Inc., is NOT 'another' religious denomination, creed or sect. It functions in harmony WITH ALL RELIGIONS WHICH

ACCEPT THE BIBLE AS TRUTH, and is organized solely as a service to the sick. Those who need SPIRITUAL GUIDANCE should seek it from qualified advisors."

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As of this date (May 19, 1950) according to the circular, letters G-P-C have been changed to G-C-P; "Christ" has been substituted for "Chiropractor" and "People" substituted for "Patient." Note thotfully, "... with ALL religions WHICH ACCEPT THE BIBLE AS TRUTH."

Following is quoted from G-P-C Bulletin, April, 1951:

"This will necessitate a change in the individual meaning of the P and the C in the Emblem which is used for Chiropractic Servers. It must be enlarged to encompass all of mankind, or at least all Christian mankind. It can be re-adapted to others when the time comes. It was Jesus's teachings which gave birth to the G-P-C giving principle, and it is Jesus's teachings which give life and strength and authority to the 'transmission of energy' principle and the 'laying on of hands' principle. A larger understanding of this principle does not require any change in the letters of the G-P-C triangle, merely an understanding of their enlarged meaning. God, the giver of life, People, the receivers of life, Christ, the connecting link."

(Bold type as printed was in original copy in April, 1951, G-P-C Bulletin.)

Paragraph in this letter beginning "A year and a half ago" is not consistent. As we told him, what he DOES IS "physical to the spine or body." The "leg check" has NO value whatever in determining anything. We checked this extensively in our Truscott tests which we have published (Vol. 23). Other serious discrepancies exist in his logic. He admits:

"I have not given 'a physical adjustment' for one year BEFORE injunction was issued. SINCE injunction, I have not given a physical adjustment, have made no examination of any kind, X-ray or NCM, and have done nothing to anyone except to follow Jesus' instruction: 'They shall lay their hands upon the sick and they shall recover.' \*\*\*\*We have learned that certain locations for the 'laying on of hands' conform to the law better than others."

In a Bulletin issued by George P. Shears, July, 1950, we find following statements:

"Thus NEW KNOWLEDGE has been revealed which THROUGH whom the help needed by the 'manager' of human bodies, may be

provided without making it necessary for the server to violate the injunction, because he is called upon to do NOTHING to the physical body. Since this new blessing is made available entirely through PRAYER and SPIRITUAL means, the SERVER is not practicing either medicine or Chiropractic.

"It will help the whole situation if those whom we serve keep in mind that we ARE NOT 'DOCTORS' OR 'CHIROPRACTORS', and think of us and refer to us as SERVERS—SERVANTS of the Giver of Life.

"This new service is a combination of the knowledge we have obtained FROM CHIROPRACTIC SERVICE OVER THE YEARS, and the advice given US BY JESUS, who said 'These signs shall follow them that believe—they shall lay their hands upon the sick and they shall recover.'"

Note, ". . . they shall LAY THEIR HANDS UPON THE SICK . . ."

George Shears does not follow the scripture he quotes because he DOES NOT "lay their hands upon the sick." THE CHIROPRACTOR DOES!

In a letter from George Shears, July 30, 1950, he says:

"It will not be easy to 'sell' my present form of service to the majority, but knowing that it WORKS and that Innate quickly responds to it in most cases, AND THAT THE ATLAS IS ACTUALLY ADJUSTED IN AT LEAST 70% to 86%, I shall have to stay with it until time proves otherwise, if it does."

In a letter to George Rinier, June 25, 1950, George Shears says:

"As I look at my present service, I am not practicing any 'healing art' at all. I DO NOTHING BUT PRAY to the Designer and Creator of human bodies, while holding my hands upon that body. As unbelievable as it sounds, that is ALL I do."

All this with no greater pressure than enough "to crush a ripe grape."

George Shears has walked with eyes open into an eclipse of what he knows are facts. Necessity of liberation from legal bondage has temporarily beclouded judgment of facts relative to PROduction and REDuction of vertebral subluxation which he admits is the fundamental principle behind Chiropractic, G-P-C movement, or his "attunement" correction of same.

1. Vertebral subluxation is the result of AN ACCIDENT.
2. Vertebral subluxation is the result of a VIOLENT accident.

3. Vertebral subluxation is the result of a violent accident creating a CONCUSSION OF FORCES.
4. Vertebral subluxation is the result of a violent accident creating a concussion of forces wherein EXTERNAL INVADING FORCE IS GREATER THAN INTERNAL RESISTING FORCE.
5. Vertebral subluxation is the result of a violent accident creating a concussion of forces wherein external invading force is greater than internal resisting force PRODUCING a forced torqued twist of one vertebra in relationship with its co-respondents above and below.

Accidental concussion of forces PROduces one of four conditions of bone relationships in living composite units:

1. Fractures — greatest damage occasioned by greatest violence by greatest concussion of forces.
2. Dislocations — less damage than fracture with less violence of less concussion of forces, but more than necessary to produce subluxation or misalignment.
3. Vertebral subluxation — more violence than for misalignment but less than for dislocation or fracture.
4. Misalignment — least violence which can and does distort bone structure in relationship.

George Shears knows ONLY way PROduced vertebral subluxation CAN BE REDuced is to REVERSE process of PROduction to REDuce it.

1. Vertebral adjustment is result of an INTENTION.
2. Vertebral adjustment is result of a FORCEFUL intention.
3. Vertebral adjustment is result of a forceful intention creating a CONCUSSION OF FORCES.
4. Vertebral adjustment is result of a forceful intention creating a concussion of forces WHEREIN EXTERNAL INVADING FORCE IS GREATER THAN INTERNAL RESISTING FORCE.
5. Vertebral adjustment is result of a forceful intention creating a concussion of forces wherein external invading force is greater than internal resisting force REDUCING a forced

torqued twist of one vertebra in relationship with its correspondents above and below.

(Term "forceful" used here in reference to vertebral adjustment implies what it means as applied to REDuction as allied to PROduction of vertebral subluxation. "Violence" suggests DAMAGE to continuity or contiguity of structure. In that sense, as we used it in reference to REDuction, it is a misnomer. We mean the same balanced force used in REDuction is appropriately balanced in character of its PROduction. Force used in a Chiropractic adjustment is quick, rapid, forcible, instantaneous; a single spontaneous thrust of a concussion of forces of penetrating action designed to deliver action sufficient to penetrate soft tissues beneath the hands of the Chiropractor to reach bony structure beneath to make possible a motion of the subluxated vertebra from abnormal to normal position, to forcibly open the occluded foramen, to release pressure upon nerves, restoring normal transmission of mental impulse supply between brain and body. This delivery is a rapid recoil torque twist delivery. The force is focalized in REDuction as it was in PROduction at a specific vertebra, specific direction, specific technique of reduction, with specific objective. Delivery of Chiropractor in an adjustment is of necessity sufficient in quantity and delivery of speed equivalent to REDuce, to balance that which PROduced. It can be no less and accomplish its objective. It need be no more to accomplish its REDuction. This adjustment by Chiropractor is in direct contrast to repeated, many times stimulating, rubbing, slapping, manipulating, or massaging with hands of masseur on superficial or deep tissues, on a part or parts or all of body, for an hour, more or less; or the light, soothing "laying on of hands" of the magnetic healer on a part or parts, as in the "attunement" idea of George Shears, in a single location without motion or movement.)

All of us know, as does George, that no amount of violence in any concussion of forces can or could PROduce or REDuce a vertebral subluxation in A DEAD PERSON. Why? Because there is NO INTERNAL RESISTING FORCE to react traumatically AGAINST invading force. It IS necessary to have INTERNAL force to react to PROduce a vertebral subluxation; so is it necessary to have INTERNAL force to react against an

invasionary force to REDuce a vertebral subluxation. Accidental concussion EQUIVALENT for PROduction is SAME AMOUNT OF CONCUSSION INTENTIONALLY NECESSARY for REDuction.

Weigh these facts against George Shears' "attunement" idea. He *lightly* places one hand on forehead, other on occiput. He says "it was 'not the force' which Innate used to make the adjustment but the 'energy' provided as OUR effort at giving the adjustment caused an 'energy field' to be created from which Innate could draw for her needs . . ." (His letter of May 19, 1950).

Conceive a fracture of center third of shaft of humerus. It was PROduced by violence. If George Shears' theory is sound, all a surgeon needs do is place one hand lightly around elbow, other lightly around head of humerus; hold hands there a few seconds, and Innate will set the fracture without further ado.

Imagine dislocation of head of femur. It was PROduced by violence. If George Shears' theory is sound, all a surgeon need do is place one hand lightly around head of femur, other lightly around its shaft, hold there a few seconds, and Innate will set dislocation because of an "energy field" set up from his hands to that of the dislocation. We find it impossible to swallow this possibility.

George Shears might contend that an "attunement" of a fracture or dislocation by placing his hands on head is far fetched. These, same as a subluxation, are result of violent concussion of forces. Only difference is of degree and location in PROduction or REDuction.

George contends his hands on front and rear of head "caused an 'energy field' to be created from which Innate could draw for her needs —," which brings about "attunement" following correction of a vertebral subluxation without hands action on subluxation direct. What he means by an "energy field" is incomprehensible to our mind. Regardless of whether or not we understand, if his hands on head arouse Innate to adjust an atlas subluxation and thus bring about "attunement" to cause of sickness, then same hands on head can cause "an 'energy field' to be energized from which Innate could draw for her needs" in the correction of a fracture of humerus or other bones; or a dislocation of femur or other bones. After all, it is a question of degree of

distance, atlas being distantly removed from brain as is humerus or femur, etc. Innate is at *all* times in direct contact with *all* parts of its body, and will react on one part same as any other. Small difference in distance is no hindrance to accomplishing "her needs."

He mentions various tests he made, which he contends he CAN prove. This may be true to him, to some of his followers, to sick "people"; BUT will he prove it to the court? This is the VITAL issue.

Suppose what George Shears SAYS he can prove he does make a reality — no pre or post check of any kind. All he does is ". . . as our effort at giving an adjustment caused an 'energy field' to be created from which Innate could draw for her needs for additional 'energy' with which to restore transmission after 'unlocking' the MUSCULAR lock."

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Vertebral subluxations, causing all dis-ease, are not PROduced by finger-touch, no-force "(N-F)", "sufficient to crush a ripe grape"; neither are subluxations REDuced by finger-touch, no-force "(N-F)" "sufficient to crush a ripe grape."

Vertebral subluxations, causing all dis-ease, are not PROduced by wrong prayer; neither are they REDuced by right prayer.

Vertebral subluxations, causing all dis-ease, are not PROduced by Jesus' teachings; neither are they REDuced by Jesus' sayings.

Vertebral subluxations, causing all dis-ease, are not PROduced by magnetic healing; neither are they REDuced by magnetic healing. If they were, D. D. Palmer would never have changed from one to other.

Vertebral subluxations, causing all dis-ease, are not PROduced by one hand on forehead, other on occiput; neither are they REDuced by one hand on forehead, other on occiput.

Vertebral subluxations, causing all dis-ease, are not PROduced by atheists, agnostics, or infidels; neither are they REDuced by a Christian religion.

Vertebral subluxations, causing all dis-ease, are not PROduced by "attunement"; neither are they REDuced by "attunement."

Vertebral subluxations ARE PROduced by intentional or accidental concussions of forces, external invading, internal resisting; and they can be REDuced ONLY by an equal potential accidental or intentional concussion of forces.

IF what Dr. Shears proposes WERE a reality and that were ALL necessary to get sick people well, this would put EVERY Chiropractic school, EVERY Chiropractor out of business! Thousands of offices would be idle; dozens of schools would be empty; sick people would be flocking to anybody anywhere, get necks touched, paying anything they pleased (if they pleased), under Shears' God-Christ-People plan, until right of anybody to earn right to living for service rendered would be mockery. There is no way anybody could control this prairie fire, this wrecking of our profession.

Dr. Shears says sick people have come to him, he has given them the finger-touch, and they have gotten well. ALL methods "have gotten sick people well." Fact is, NONE such ever got anybody well. That which DID get them well was the percentage of ACCIDENTAL concussion of forces which accidentally REDuced subluxation, which, in law of percentages, was comparatively small to percentage of those sick.

Millions of people have been getting sick and getting well millions of years, long before man knew about vertebral subluxation being cause of dis-ease, and long before man knew where it was, how it was, when it was, or knew how to adjust it to get sick people well. All kinds of treatments, massages, baths, shrines, gymnastics, drugs, pills, waters, witch-doctors, king's evils, voodoo-doctors, metaphysicians, hypnotists, miracle drugs, injections, operations, Christian Science, allopathy, homeopathy, eclecticism, osteopathy, have gotten that same accidental percentage well. Weaving in, thru, and between, working into warp and woof of life, death, sickness, and health was a law at work, in spite of everything done rather than because of any of it.

What was and is that law? An ACCIDENTAL concussion of forces REDuces a vertebral subluxation. In every one thousand people, most, if not all, were more or less sick at some time in their lives. Larger percentage died ahead of their full ripe span of old age, suggesting it was easier to PROduce cause than to REDuce it by multitudinous indirect methods used in treating



disease itself. That a small percentage did occasionally get well is beyond question; that percentage being predetermined by accidental REductions which occurred.

Percentage that got sick and percentage that got well in spite of all medication, treatments, down thru centuries, were because of ACCIDENTS which PROduced and REduced vertebral subluxation cause and cure of dis-ease. What about percentage that got well, regardless of method used? It was no greater with one method than another, for method had nothing to do with results attained as predetermined by law of percentage of accidents.

In 1895, definite, positive, and absolute knowledge began to be ferreted re vertebral subluxations as THE cause of all dis-ease. Its exact nature, location, correction by hand only, began to grow in the mind of man. Getting well became AN INTENTION on REduction of cause — not an accident. Percentage of sick people getting well began to grow as method of application of practice of principle developed. Today, percentage of sick people getting well no longer exists within realm of law of percentage of accidents. It is now within law of percentages of intention based on specific knowledge of cause and its REduction.

What about Dr. Shears' system of finger-touch, NF (No Force), God, Christ, Jesus' instruction, prayer, Bible idea? That a percentage gets well is admitted. As much can be said for all such accidental methods. It comes within same law of *percentages* of accidents. His system was no more or less than any of the rest, because percentage in which sick people got well was an accident. A patient could sit before him, he look at them, he talk with them, and same law of percentage of accidents would occur. Dr. Shears cannot offset law of percentage of PROduction of vertebral subluxations or frequency of their occurrence, merely because he doesn't like a medical statute and its effect upon his concepts. Given one thousand cases, same frequency of accidents would occur which would REduce vertebral subluxations which made them sick; this notwithstanding his location of approach is more direct, even though method is mental intentionally, but physically is NOT. They would get well in same percentage in spite of him rather than because of him. This is NOT true where right vertebral subluxation is specifically, physically, and *intentionally* adjusted at right time, in right manner, and in right place.

Religious shrines believe in God. So does Dr. Shears.

They believe in Christ. So does Dr. Shears.

They believe in the Bible. So does Dr. Shears.

They believe in and practice prayer. So does Dr. Shears.

Priests follow "Jesus' instruction." So does Dr. Shears.

Priests finger-touch foreheads with intention of getting them well. Dr. Shears' finger-touches their necks with intention of getting them well.

Priests hope "nature" will answer their prayers. Dr. Shears hopes "Innate" will answer his hopes.

Priests deliver something from their finger-touch on foreheads, to sick; otherwise, why finger-touch them? Dr. Shears delivers something — at least he thinks, hopes, and PRAYS — otherwise, why finger-touch their necks?

G-P-C Bulletin No. 42, July 1950, says:

"They are serving 100 per cent in harmony with God's laws of giving and receiving and are very happy in the knowledge that they are doing something which closely follows the teachings of the Master, \*\*\*\*\*"

"This kind of service, of course, places a very great responsibility upon us to use our hands for nothing or any purpose FOR WHICH JESUS would not use His."

They have a shrine; he has an office.

Sick people go to the shrine; sick people go to his office.

They burn candles; he doesn't.

They burn incense; he doesn't.

They wear robes; he wears a suit.

Priests DO nothing more than he. He does nothing more than they. Only differences are candles and incense. Would those exceptions increase or decrease percentage of sick getting well?

Only difference between religious shrines where sick go to get well, with their God-Christ, Bible, prayer, NF, Jesus' instruction, is that they give finger-touch on forehead and he on forehead and occiput. Everything else is same. If shrines attain a small percentage of "miracles", how much more can George Shears secure, everything else being same?

In a letter to George Rinier, June 25, 1950, George Shears says:

"My stand in court will be that I do NOTHING to anyone except PRAY for them and lay my hands upon them, AS JESUS instructed us to do."

It appears that Dr. Shears has reached the conclusion that the medical practice act of Indiana has established a situation where he (Shears) is forced to realize there is ONLY a CHRISTIAN SUBLUXATION, A CHRISTIAN "ATTUNEMENT", and only intervention OF CHRIST thru prayer can help any sick person get well. All other religions covering nine-tenths of the inhabitants of earth are helpless and hopeless, and need not apply.

Dr. Shears says: "G-P-C Servers, Inc. is NOT 'another' religious denomination, creed, or sect." Without these he has no legal basis to go to the courts and legally ask for similar religious exemption as has Christian Science. He MUST have these to establish his right to argue he does the same, and ask courts for same rights.

The Indiana "prayer and laying on of hands" is a Christian Science religious exemption. It was not beneath THEIR dignity to appeal to the legislature for exemption license that they might practice their religion. Before they could secure this legislative (RELIGIOUS) exemption, they had TO PROVE to legislatures they had a religion, churches, thousands of followers, congregations, and collections in a non-profit organization, adherents and parishoners, buildings dedicated to God, Christ, Mary Baker Eddy, pulpits, choirs, organs, regular meetings on Sundays, speakers and readers, Sunday schools. All this had to be bona fide. Can Dr. Shears, with his C-P-C or G-C-P movement, prove anything like that? Can he secure a divinity degree and proclaim himself Rev. Shears?

In his printed form letter issued by George Shears to his patients (July, 1950) he makes following statements:

"Thus NEW knowledge has been revealed which THROUGH whom the help needed by the 'manager' of human bodies, may be provided WITHOUT MAKING IT NECESSARY FOR THE SERVER TO VIOLATE THE INJUNCTION, because he is called upon TO DO NOTHING to the physical body. Since this NEW blessing is made available ENTIRELY THROUGH PRAYER AND SPIRITUAL means, the SERVER is NOT practicing either medicine OR CHIROPRACTIC.

"This NEW health restoration process employs THE SAME PRINCIPLE UPON WHICH CHIROPRACTIC IS BASED \*\*\*\*\*"

" It will help the whole situation if those whom we serve keep in mind THAT WE ARE NOT 'DOCTORS' OR CHIROPRACTORS."

"This NEW service is a combination of the knowledge we have obtained FROM CHIROPRACTIC SERVICE over the years, and the advice GIVEN BY JESUS who said: \*\*\*\*\*"

George says he now has a "NEW knowledge" . . . which "is a combination of the knowledge we have obtained from CHIROPRACTIC service . . .", plus "the advice given by Jesus . . ."

It is evident when George began to evade and avoid Chiropractic fundamentals, he began to entangle himself in a web of inconsistent contradictions, one with the other.

Christian Science advocates approximately SAME fundamental as Chiropractic, so far as Innate Intelligence being source of necessary.

(1) "... to act as the 'agent of the Giver of Life, THROUGH whom the help needed by the 'manager' of human bodies" is received.

(2) Christian Scientists give their "new blessing is made available ENTIRELY through PRAYER and SPIRITUAL means."

(3) They think of themselves "only as SERVERS — SERVANTS of the Giver of Life."

(4) They also follow "the advice given by Jesus . . ."

Therefore, George Shears might as well be a Christian Scientist and be done with all this evading of what he is trying to do via violation of injunction. George is cleaving to the line of trying to establish a Christian Science religion without having wherewithals that constitute a Christian church religion.

Spiritualists have a regularly organized, bona fide religion and church. They hold Sunday services, have pastors, take up collections, sing hymns, have sermons, have a school for ministers, do everything any other church does except in their different way. They have a commercial practice for which they extract a fee, by holding seances and communing with departed, for interested parties. States recognize spiritualism as a church. Most states outlaw spiritualism as a practice for a fee, as fake,

fraud, and misrepresentation of truth, and a travesty on religion. There is no legal regulation of their religion but there is in what and how they practice for fee. It is the practice of spiritualism, for a fee, which is generally declared unlawful. Dr. Shears wants the legal commercial practice exemption without having a bona fide religion or church.

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We cannot verify what now follows as we can rest of our story, because this comes second-hand. All the rest we received direct.

While at Silver Springs, Florida (Nov., 1950), a loyal Chiropractor told us that a Florida Chiropractor returning from Bill Grant's school told him they no longer place hand contact upon patient's head — one on forehead other on occiput — which was latest George Shears told us. This returning student reported patient was told to rotate his head and this rotation would correct subluxated vertebra.

There are two ways of rotating head: clock-wise and counter-clock-wise. Which is right direction; which wrong? Who and how is Chiropractor to know? Do spinographs — if he takes any — direct his thinking to correct direction? Then there is question of frequency of rotation — how many times right, how many times left? How is one to determine this? Does patient know, or does Chiropractor tell him? If latter, how is HE to know when rotation has corrected vertebral subluxation?

In telling patient to rotate head, without "laying on of hands" is this legally "prescribing" a treatment, adjustment, or "attunement," or neither, similar to that of Chiropractor who tells patient to sit in a hot tub or drink cold water? It appears that this squirming and twisting is to break legal stranglehold in States. There is only one way a Chiropractor can successfully meet legal issues, viz., practice Chiropractic principle. No other way meets requirements.

As we stated, in preceding idea, it came second-hand. We now set it straight.

Burton Pierce wrote Bill Grant asking about the reliability of what was purported to have been his latest movement. Bill Grant, during the week of November 14th, 1950, answered as follows:

"No, I have not even tried the particular method referred to in research. I have experimented with some crazy ideas, however, \*\*\*."

Burton Pierce, in his letter to Bill Grant, said:

"I also told him of my seeking to find an answer to the GPC practice side and that I was considering SENDING MY EMBLEM IN and developing a combination commercial and voluntary plan to fit the needs of the different types of patients."

To which Bill replied:

"Regarding the emblem. I have been doing much thinking and talking about the very factors you have brought out for past three years. Dr. Johnson, Dr. Himes, and Dr. Gosser met with me weekly over a period of several months and we did lots of discussion in re the same thing. I have been at a point OF RETURNING EMBLEM FOR THOSE AND OTHER REASONS THE CHIEF BEING THE INJECTION OF 'CULTISM' THAT SHEARS SEEMS TO BE INJECTING into the picture. I disclaim responsibility for this. I believe it is the result of untempered emotionalism and have already written George THAT I COULD NOT GO ALONG ON THAT POINT. Have also tried to get RATIONAL discussions out of George on the very points you have brought BUT COULD NOT. \*\*\*\*\* The primary purpose of GPC in the beginning was to get the service to the people that needed it on a basis that they could afford. Seems THIS HAS BEEN LOST SIGHT OF AND BECOME CLOUDED IN ENTHUSIASTIC EMOTIONAL IMMATURITY on part of some that you and I both love and respect."

Burton Pierce comments, to us, as follows:

"By this time you may have received the drafts of booklets John Stoke is preparing. His 'Office Rules' has been altered TO OMIT REFERENCE TO GPC and a new booklet, 'Your Responsibility — and Mine' ALSO OMITTS naming the principle. He feels that this will supply a need of those wishing to continue with the true principle BUT NOT UNDER THE GPC NAME."

From this it appears George Shears has lost the support of some of his strongest adherents because of his latest religious tendencies.

GPC (or is it GCP) Bulletin (No. 43, Oct. 1950), amongst much else, contains following:

"I might say here that THE ORIGINAL G-P-C triangle when it saw the light of day for first time in the mind of the one through whom it was revealed, was as follows: God the Giver of Life, People the receivers of Life, and Christ the 'connecting link' — both God and man. This is the true ETERNAL triangle. Due to the great abhorrence our profession has had of things which are called 'religious', we put the Chiropractic in one corner

as the 'connecting link'. When one contemplates this without prejudice, and faces it with honesty, it seems rather *unreal if not improper* to put the Chiropractor in the place obviously belonging to the only ONE to whom such a distinction belongs. It would be far more appropriate for the Chiropractor to serve UNDER that true principle and in harmony with it, than to place himself IN it as a part of it. One serving under this TRUE G-P-C or G-C-P principle WOULD HAVE TO serve AS JESUS would serve to be in harmony with it. That would mean on a hundred per cent GIVING basis; in fact, as God's SERVANT, which we have professed to be. Thus, A GROCER, BOOTBLACK, OR ANYONE ELSE could aspire to serve under the G-P-C or G-C-P principle if he had the love of God and neighbor to be equal to the responsibility.

"Now that we are on the subject of *Jesus Christ*, a subject which has always been so tabooed in connection with Chiropractic, in the fear that we would become a religious 'cult', let me give you a little more 'light' on how G-P-C was born and how and why Innate adjusting has been referred to as the 'laying on of hands', another quotation which seems to scare us.

"Frankly, there would not now be any G-P-C Service principle of any kind HAD IT NOT BEEN FOR THE TEACHINGS OF JESUS CHRIST. I see no reason for withholding credit where credit is due, and I see many reasons why it SHOULD BE SHOUTED FROM THE HOUSETOPS, if it is true. There is nothing the world needs at this critical moment as it needs to TRY to follow the teachings of this Master, rather than merely to talk about them. When, some eleven years ago, I was looking for an authority to justify G-P-C Service on a GIVING basis, IT WAS THE INSTRUCTION OF JESUS which clinched the idea and gave it birth, and which gave me the courage to go ahead with it. When I momentarily wavered at the start, it was B. J. Palmer who put fire enough under me to go ahead with it. So I frankly GIVE JESUS CHRIST THE FULL CREDIT FOR THE BIRTH OF THE G-P-C SERVICE principle, and I give B.J. credit for giving it life.

"Now, eleven years later, I was faced with another decision and in need of *another authority* to decide whether or not Innate adjusting or adjusting without FORCE was a fact and, if so, by what principle and law did it work. We found that it worked far beyond our expectations, so it was necessary to find a reason for it, OR SOMEONE IN AUTHORITY who would justify it. I again turned TO MY FRIEND JESUS to find out what He had to say about healing. There are many who say they believe Jesus to be an Authority, so long as what He says agrees with their pre-conceived ideas. I got out the Book to see what He had to say about healing. I found it wherein He was issuing instruction on the subject to His apostles. He instructed them to take it 'to ALL PEOPLE.' Here is what Jesus had to say about healing: 'These signs shall follow them that BELIEVE, they shall LAY THEIR HANDS UPON THE SICK AND THE SICK SHALL RECOVER.' Now that is a very simple statement. I suddenly realized that was exactly what we were doing with Innate adjusting. I scientifically proved it worked with before and after X-ray pictures, Neurocalograph readings and skeletal distortion. The best proof of all was the quick response of Innate. I do not believe in dodging truths merely because it would be more popular to

do so. Chiropractic, in all of its stages of development, has been the stepping stone to the simple truths PROCLAIMED BY JESUS, and if G-P-C Servers want TO PUT JESUS CHRIST plainly and officially in that corner of the triangle *where He obviously belongs*, it will be O.K. with me. If Chiropractors want to remain in the corner of the triangle that will be fine also, but they will be uncomfortable there unless they live up to that high estate in every detail."

Here appears confusion between Chiropractic AND Christianity. If there had been NO Chiropractic discovered by D. D. Palmer and developed by B. J. Palmer, would there have been ANY George Shears, GPC or GCP movement? Did Christianity discover vertebral subluxation as the cause of all dis-ease? Did Christ develop a method of correction of vertebral subluxations? Is George side-stepping D. D. and B. J. Palmer and backing up to Jesus crediting a Person to whom credit is not due?

In the GPC or GCP triangle, where do Palmers enter? Are they shoved into background, or out of the picture? No mention is made of them or the Chiropractor in the triangle, as originally designed or as now contemplated.

"Frankly, there would not now be any GPC Service Principle of any kind HAD IT NOT BEEN FOR THE TEACHINGS OF JESUS CHRIST."

We paraphrase this to say: Frankly there would have been no George P. Shears if it had not been for the Palmers with Chiropractic, therefore there could be no G-P-C to back up to Jesus Christ.

"I found it wherein He was issuing instructions on the subject to His apostles. He instructed them to take it TO ALL PEOPLE."

Is George or G-P-C or G-C-P doing that when he establishes it on the teachings of *Christ* when Christians are but *one-eighth* of the religious population on earth? Are they doing this when they exclude seven-eighths of sick people who need adjustments as badly as Christians? They need adjustments. Must we ignore them because they do not come within the purview of the teaching OF CHRIST?

Vertebral subluxation, causing dis-ease, as cause of all dis-ease, is not alone for Christians. It includes ALL religions — "ALL" people. It is not alone for whites, gentiles. It is also for blacks, reds, yellows. It is not alone for millions of Baptists, Methodists, Presbyterians, Unitarians of this Christian United States. It is



for savage, native, of "all" continents, regardless of country, color, creed, whether or not they ever heard of Christ. Backbones are backbones. There is no exclusive Christian vertebral subluxation calling for a Christian "laying on of hands" vertebral adjustment, with or without "force." Can it be that Moham-medans, Confucionists, Buddhists, Hindus, etc., galore, have NO sublaxations? Can it be THEIR religions are so good they are immune from this cause of dis-ease; that we Christians must exclude them from G-P-C or G-C-P Service? Did D. D. Palmer have such in mind when he advocated Chiropractic? Read his book and find answer.

We could conceive of a relationship between an atheist, infidel, and agnostic, and getting him well. Innate not being cognizant of any man-made existing religion, will produce and reproduce, direct, control, and regulate functions in "all" alike. Religions being man-made by "educated men" and Innate being the personified functioning power over "all" natural composite productions, disregard puny man's ideas of how they think he should be religiously run. Health is Innate's non-religious duty alone, therefore ignores small man's concepts of how he would like to direct Innate. George has educationally been traveling in narrowing circles, getting smaller and smaller. He has lost his D. D. and B. J. Chiropractic compass of "Service" to "all" vertebrata.

We could further imagine one atheist, infidel, and agnostic locating, analyzing, and adjusting vertebral sublaxations in four-legged vertebrata, getting them well of any sickness any might have, regardless of fact those ANIMALS have NO religion. Principle and application of Chiropractic is greater by far than any man's concept of *any* religion. George would produce a sublaxated principle, occlude its connection with the vertebrata; impinge, constrict, and otherwise block off its normal quantity flow except to humans whom HE thinks follow the teachings of ONE person — Christ. George would and has now become like all preachers — preach one theory and practice another, possessing exclusive Christian key to heaven, all other relegated into eternal sickness; don't do as I preach but do as I practice. Chiropractic is bigger than George Shears or his G-P-C or G-C-P Service as now advocated. George at one time had the promise of being one of our big, great, strong leaders. He is now one of our smallest followers outside the fold. He has religiously fenced

himself in by identifying himself with only one constricted religious group.

Backbones are backbones. Backbones have vertebral subluxations. This is as true of quadruped as biped. This is true of cows, horses, cats, dogs, and what have you that walk on four legs. Does the cow have to be converted to teachings of Christ before it can have a vertebral subluxation? Does horse have to be converted to Christianity before it can have G-P-C or G-C-P Service to get well? Must we let cats and dogs die because they never heard of Christianity, never go to a Christian church, never kneel and pray to Christ, never seek succor from Christ, never atone to Christ for sins? Must they go to church weekly and get baptized at the fount of Christ before they can get absolution from sins of omission and commission of sickness? Animals of the world suffer from sicknesses same as man, except they are given different names. They are caused same way. They can be corrected in like manner. Must all animal kingdoms be condemned to eternal sickness damnation because they are ignorant of Christ and His teachings? According to George Shears they are. Why, George, limit health to man, and a small proportion of him? Why, George, exclude the application of this principle to animals who need it badly?

To take advantage of this (RELIGIOUS) exemption, he will need prove his IS a religion. If he can't, courts will hold he is not entitled to rights and privileges granted by this (RELIGIOUS) exemption. He says he can prove this. Proving to HIS satisfaction and to that of a legal court which sees evasions, are different things. We fear courts will hold, no matter WHAT he practices or HOW he practices, it is a practice in violation of the Indiana statute. He cannot consistently claim religious exemption. He has no medical or Chiropractic license. Therefore, he IS practicing SOMETHING WITHOUT a license of ANY kind. HE has now broken from Chiropractic and Chiropractors. He has created a religious defense. He asks HIS followers to follow him. A few may; many will not. When HE breaks from Chiropractic and Chiropractors is when we are compelled to disagree.

Where does this lead Chiropractic, Chiropractors, and Chiropractic schools? No schooling necessary, no education whatsoever. In a minute, anybody can step up to anybody, place his fingers on neck, give an "attunement", and get sick people well.

Children will be as capable as adults. "Grocer, bootblack or anyone else", farmers, blacksmiths, preachers, bookkeepers, anybody, everybody, all will "attune" each other in home, church, office, on street. We can well imagine a man with a headache, walking to his office, stopping a stranger and asking him for a spiritual "NF" cervical "attunement", giving only thanks for the cure. Everybody everywhere will be doctors of spiritual "attunement". Nobody will be beholden to anybody for service rendered. Whatever this will be called, it will not be a distinct, different, and separate profession. It will be in reality a "God, Christ, People Servers, Inc.", Christian religious denomination, sect, and creed.

According to Shears' "attunement" technique, there is no need for spinograph, NCM, NCGH, MDN, or any other analytical method. You don't need know whether there is or is not a subluxation; you think there is, you hope there is; you believe it is "attuned"; you don't know it is — you hope so. If there is no subluxation, no harm done by the desire to "attune" something which wasn't there. If there is one, it will be corrected without the Server knowing it. Like any religion, you believe and have faith, but you have no proof of what happens except as the one served says so.

In a person letter from George Shears, July 24, 1950, amongst the rest he says:

"Eleven years ago I was urged to follow a course based upon Jesus' instruction."

"We followed Jesus' 'instructions' to serve everyone on a giving basis . . ."

"I found that Jesus and B.J. were right and my friends were wrong."

"Two years ago, I decided to take Jesus at His word in the matter of the fundamental law of healing."

These quotations from Dr. Shears' ideas NOW inhibit the CHIROPRACTIC principle, as applied by this limited or inhibited group of our profession, to CHRISTIANS only. Jews are not in this category. They do not recognize the Divinity of Christ. This eliminates Mohammedans, Buddhists, Jains, Zoroasters, Parsees, Shintoists, Amanism, Jehovah Witnesses, Foursquare Gospel, Spiritualism, Oxford Group, The Kingdom of Father Divine, The Bahai Faith, Unity, Psychiana, Hutterites, and the Hindu

Gods: Rama, Vishnu, Shiva, Kali, Ganesha, Haonomen, Brahma, and Indra, as well as "ALL" religions which DO NOT accept "Christ" or the "Bible" but are based on some other or no intermediary at all. This gigantic excluded mass would exclude approximately seven-eighths of inhabitants of earth. In numerical strength, Christianity is smallest of major religions.

This means ONLY Christians "*which accept the Bible as Truth*" will NOW be entitled to get well at hands of "God-Christ-People" Servers, "by laying on of hands"; all others must be baptized in Christian faith, go thru facsimile thereof, or remain sick because of denial of Christ. Original concept of this G-P-C movement was to break shackles of ALL kinds, to break down and open "*all*" doors wide and to INCLUDE a world-wide service to anybody, everybody, everywhere, be he atheist, agnostic, infidel, or religious fanatic, regardless of denomination, sect, or creed. Instead of broadening, Shears now constricts it to one small exclusive group of "God-Christ-People" Servers and service, narrowing it to "People" who believe IN CHRIST and "THE BIBLE as truth," which is a very small percentage of those sick who need get well.

According to Shears there now exist only a Christian subluxeation, a Christian "attunement", all Innates must be Christian, which will cure sickness in only Christian people.

G-P-C Bulletin, January, 1950, contains following:

"The most difficult thing man is called upon to do is to 'lean on the Lord' and let His will be done."

"With due respect and humility give the Law (or God) that makes all things possible . . ."

"Man is the instrument, servant, connecting link OF CHRIST BETWEEN THE God-head . . ."

". . . was true of the master, teacher, Jesus, who . . ."

"Man of today, as JESUS of long ago . . ."

". . . everything they do to God's will and God's purpose."

"Anything that we are Servants of the Almighty God can only be by His Almighty Grace."

"Still through it all, God took care of them."

"And yet God, as a loving and just God, . . ."

". . . with God going before us, let us get across the river Jordan into the milk and honey which awaits us there."

In a personal letter, July 26, 1950, we find the following:

"34 years ago, when I was a bush league baseball player, my girl friend, Catharine Bahan, went to a spiritual reader for 'information.' She asked the reader, 'Will my boy friend come back to Lawrence this year?' The reader went into a trance and said, 'Your friend will be back in Lawrence within two weeks but he won't stay long. He will go back out West and he will meet with great success through the influence of an old looking young man with long hair and whiskers.'

"That 'old looking young man with long hair and whiskers' has been the greatest influence for GOOD in my entire life with the two exceptions of Jesus and my Mother.

"I can express myself to Jesus and Mother only indirectly, but I can still express myself to you DIRECTLY.

"In starting the G-P-C Service Principle, I followed Jesus' instructions and teaching.

"In the 'next step' we have also followed Jesus' instructions and teachings.

"You once wrote of Jesus, 'if such a man ever lived.' All I can say to that is that if MEN created Jesus, then we should find out who they were and worship THEM."

These are all such as only any and all Christian enthusiasts would speak.

Dr. Shears, in his printed circular, says:

"It functions in harmony with ALL religions which accept the Bible as Truth . . ."

Conversely, it could NOT function with ANY religion which DID NOT accept the Bible as truth. He further says:

"It is not necessary for the sick one to 'profess faith' in order to be responsive to 'the laying on of hands.' It is more important that you do not 'profess disbelief.' Disbelief is a denial of the source of health."

Conversely, this means that a Hindu who DISBELIEVES THE BIBLE AS TRUTH could not get benefits. All other religions WOULD profess disbelief of the Bible as truth. To disbelieve would be to deny source of health, therefore they would gain no benefit.

Mohammedans believe in the Koran. Hindus believe the Veda as "Truth." Buddhists believe in Buddha as their savior. Confucionists believe the sayings of Confucius — the list is endless, all of whom deny "THE BIBLE as Truth." Are they to go begging for health, sanity, and prolonged life on earth?

Same law of Innate Intelligence, good for a Christian, is same law for "ALL religions" regardless of what book or leader they espouse. Neither George Shears nor any other man can confine that Chiropractic principle or practice to the selfish restrictions or constrictions of an Indiana medical statute, or an evasion of same. By endeavoring TO restrict his concept TO CHRISTIANS, he is evading a natural and universal law to meet the desires of a legal situation of one small portion of our profession in one portion of Indiana geography.

Methinks George Shears has created monstrous Frankensteins. All "G-C-P Servers" will lose THEIR Chiropractic identity in creation of this method. There will be no need for a Chiropractor, for everybody will be doing finger-touching, everywhere, all the time, any place, gratuitously. Chiropractic schools of any kind — straight or mixer — will cease to exist. All necessary will be for Farmer Jones to tell Baker Smith where to finger-touch his neck, how to pray to Christ and believe "in the Bible as Truth", and get an adjustment.

Here is an issue in defense of George Shears, as George might have said it if he had.

We have always been mindful, and history recounts that worst tyrants are those who suffered most FROM tyranny, got power and used it against those who followed after them. Hitler is an example. His bitterness against tyranny became venomous. He manufactured oppressive power, turned it against millions whom he deliberately caused to be slaughtered. Some Chiropractors are same. For years, thousands of Chiropractors were arrested "for practicing medicine without a license." The NCA is a classic example of history repeating itself. A few selfish men have banded themselves to make it impossible for Chiropractors to secure a Chiropractic license, defeating constructive legislation, striking against constructive Chiropractic legislation, attacking repeal of basic science bills, converting Chiropractic into a bastard medical principle and practice, advocating Chiropractic "physicians and surgeons"; aiding and abetting, encouraging and inciting Chiropractors to file information against unlicensed brothers to convict them; supporting, endorsing, and encouraging fake "accrediting" of so-called "Chiropractic" schools which are bastard medical colleges, and at same time attempting to deny Chiropractic schools which are the backbone of our profession,

building methods of ridicule of "unlicensed men" and in devious, heinous, and unscrupulous methods turning thumbscrews upon today's younger generation — all these are acts of tyrants, forgetting it was but a few years ago when ALL OF THEM were in same boat. Verily, it is true, memories of tyrannical sufferings are short-lived. NCA today is a common meeting for our tyrants who have forgotten they suffered from tyranny.

UCA, CHB, and now ICA were builded to protect, defend, and preserve CHIROPRACTIC in its purity for posterity, AGAINST all tyranny. Later came legislation, creating boards and licenses. California, Michigan, and Illinois are classic examples of tyrannous practices from those who but a few years ago were suffering at hands of medical men because they did not have a license. Very organizations, and leader thereof, which defended them down thru the years, which helped them get safe, sane, sensible legislation and licenses, are very organizations and leader against whom they have turned tyrant. Today, many of these now holding licenses are persecuting and prosecuting Chiropractors because they do not "have a license."

Here is a theoretical defense George Shears could use to justify his attitude in Indiana. Difference is, our legal defenses OF THEN stood up then. We doubt that Dr. Shears' religious defense of now can or will.

We are always mindful of those early days when UCA, CHB, and now ICA used various expedients to defeat medical court prosecutions. We legally squirmed this way and that, here and there. We did not diagnose, treat, or cure disease. We analyzed, adjusted cause, and Innate in patient cured. All were professional matters of fact in science, therefore justifiable in legal use to defeat medical trials and convictions. In same sense today, George Shears has HIS convictions. He is using such religious means as HE thinks justifiable to defeat an intolerable medical domination over Chiropractors in Indiana. He has a legal right to use religious methods he deems best today, as we had when we used professional methods in our early days. Who are we, today, to condemn him, when what he is doing is what we did in former days to get from under clutches of enemies who sought to destroy us. We should today commend George Shears when HE develops what HE thinks a new approach in defeating medical control of getting sick people well in Indiana. Whether we entirely deny,

partially deny, or wholly disagree with WHAT he is religiously doing is immaterial, IF it accomplishes THE objective of granting freedom in their right to practice to get sick people well. After all, ultimate objective is to get from under medical domination. If he attains that end, so far as medical domination is concerned, he is to be congratulated.

His last paragraph says:

"I know of course, B.J., that personally you cannot go along with this idea. . . You are not in any position to go along with this personally even if you wanted to."

In this last paragraph he also stated his own doubts:

". . . until my Guardian Angel instructs otherwise. It is a course which MUST BE TESTED OUT to see IF it is THE way we HAVE BEEN PRAYING for."

Is it necessary TO PRAY or is that consistent with this new religious angle?

"If not, then we shall go on FROM THERE IN WHATEVER WAY IS INDICATED. Being completely uninhibited, we have to and are free TO FOLLOW ANY LEAD WHICH SEEMS TO OFFER A SOLUTION."

In a letter from George Shears, July 30, 1950, he says:

"All I can say at this time is that if EVERY follower leaves me, I still must carry out my 'instructions' until I find out if they are REAL authentic instructions or merely figments of the imagination.

"We may misinterpret a dozen before we find the right one.

"It is fun trying anyway."

From these varied implied doubts, it appears that George is leaving one door unlocked, in the event of and assuming an escape is necessary, to save face.

Doubts implied, expressed, show he has HIS doubts as to whether or not "the way" he now goes IS right or wrong, will attain the objective or not; otherwise George Shears will "follow ANY lead which SEEMS TO OFFER a solution."

George Shears and we have had utmost confidence in each other and have always written frankly what we thot. Perhaps he has written us more frankly and openly than any other in our ranks, and we have been as frank in writing him our reactions to his ideas.



We have always held a reserve in this correspondence regarding the G-P-C idea. The "idea" is sound. That it can be made to work in this cold brutal world, we always doubted. We have neither encouraged nor discouraged his idea and its work, as consistently as we could, *so long as he was admitting and supporting Chiropractic and Chiropractors and kept his G-P-C idea on a professional basis and kept it from becoming a religious movement*, without committing ourselves directly or indirectly, for or against. It has been a pleasure to permit G-P-C groups to meet here each Lyceum because what they were trying to do was for the benefit of CHIROPRACTIC and CHIROPRACTORS.

We have never endorsed practice and application of G-P-C. Dr. Shears has been the champion of his cause for years. At present, he has about 100 members who are trying to live up to the G-P-C idea. Of that 100, about 50 are back-sliders. Of those back-sliders, some are using the idea as an evasatory method of practicing without a license, even as Dr. Shears is today. Of 50 sincere fellows, possibly 20 are making a genuine go of it, and that includes Dr. Shears.

Returning his license, he refused to pay annual renewal fee. They asked for temporary injunction, restricting him from practicing medicine, or Chiropractic, as defined in that statute. He said he WOULD win because his people were behind him. He did get a refusal of temporary injunction. Then the State Medical Board asked for a permanent injunction and Dr. Shears felt he WOULD AGAIN WIN because the people were for him and with him. At that time, George Rinier and myself expressed opinion he would lose the permanent injunction suit, which has come to pass.

Dr. Shears is determined to continue to practice in violation of PERMANENT injunction. He anticipates being tried, and he again expresses confidence he will win; but again it is the opinion of George Rinier, as well as myself, he cannot fool the court on an evasion of fact against the statute. He was practicing "Chiropractic" until time of injunctions, then he began to squirm this way and that, and came out with his prayer and spiritual adjustment — if it can be that — even to his now denial of the name "Chiropractic" in his practice.

"Under the Indiana supreme court decision, I would have to prove that I was not practicing 'CHIROPRACTIC' as well as not practic-

ing 'medicine'. Since the NAME and PRACTICE have already been passed on, and since the use of the NAME would prejudice the case beyond repair, it is necessary that we deny the NAME to save service under the PRINCIPLE."

It is our humble opinion the court will see all this as an evasion. If so, one of two things is possible: Dr. Shears will be given a jail sentence, which he will accept and take in his stride, or he will move out of Indiana — possibly to Georgia.

We know he thinks lay-people support he will get when he goes to jail will overcome evil effects of his having lost his legal case; but people will be with him up to a certain point and not beyond. Even the court, in its hour's talk to him at time of declaring permanent injunction, admired and respected him, but nevertheless permanently enjoined him.

Many diversified interests are at stake:

1. Dr. Shears and his convictions.
2. God-Patient-Chiropractor Servers who did and still have confidence in his ORIGINAL program.
3. Group of unlicensed men in Indiana who refused to follow Dr. Shears' lead in returning THEIR licenses as he did.
4. The few who believe in his newest present-day "God-Christ-People" program, some of whom believed in the original program but do not believe in denial of Chiropractic and conversion to a religion.
5. Sick who have believed, do now, and will continue to believe in Dr. Shears and his right to get them well, regardless of Medical Board, Chiropractic license, and restraints made on those rights by courts.

All thru, Dr. Shears has steadfastly BELIEVED that with public pressure behind and with him, he couldn't lose. Then came bitter realization that courts take precedence and have power beyond public opinion — at least for time being. They adopt new ideas and new methods slowly, which all of us acknowledge.

We have written much back and forth to Dr. Shears from time to time, and we have had considerable correspondence with various G-P-C people. They have written frequently, more or less in confidence. We find, as Dr. Shears made his steps, one by one, from beginning to date, they have gradually been disagree-

ing with him, his policies, his program. And what is more, there is beginning to trickle thru much correspondence suggestion that George Shears is now off-balance, unstable. We confess we had not thot of that seriously until evidence in this last letter from him. He insists the devil's legal food is poison, and then demands religious legal right from the legal devil to feast with. Indiana medical statute, whose jurisdiction he has repudiated and denied, is same statute he now appeals to for relief. Consistent?

In his letter, we can see a series of hints and statements which show he IS losing a sense of clear reasoning in dealing with his problem. It has been serious to see some of his finest people writing us, questioning his solution to his problem. We never thot the day would arrive when George Shears would tell us he would deny "Chiropractic" and "Chiropractors" and revolutionize the whole into a Christ Bible religion.

George admits:

"The trouble with this method is that it looks like 'hokus-pokus'. . . . One who does this is often considered a 'crackpot' and emotionally unstable, . . ."

Who isn't so classified who steps out of line and advocates some new phase of helpful service to mankind? There IS a difference, however, between advocating a narrow and limited Christian religion as an evasion of statute AND one which is practical and works like the Chiropractic principle and practice.

He is now riding on the edge and, in his sincere and honest desire to better serve mankind, he has given birth to fanatical twin Frankensteins which will destroy everything. He is leaning heavily to left of straight-line thinking. The legal pressure has become so great it is modifying his professional sound judgment.

Let us reason this thru:

A man starts out with an idea which is good and should work, but it does not. The man begins TO FORCE THE ISSUE to work. He goes step by step, with revocation of license, temporary injunction, permanent injunction, and keeps on violating the injunction. Meanwhile, he keeps making statements, affirmations, trying to prove this and that, squirming this way and that, evading various points, until finally it has become an obsession to where he now goes or will go to almost any length to sustain statements he has made in correspondence, literature, and to his

people direct. After he made these statements, it is almost impossible to retract them in good grace. Consequently, it boomerangs, and rather than have a boomerang he keeps spreading himself thinner and thinner until now it is almost impossible to back up with dignity. There seems to him to be only one way out, and that is straight ahead, even though it means ruination of himself and things he has and now stands for. As a leader of a movement, he feels he must save and redeem the world for and in behalf of the sick. He takes on the mental attitude of a messiah. All this is good if it were based on sound and safe fundamentals. That he wants to save mankind is a laudable ambition. So do we, with our professional and scientifically proved specific for the cause and correction of all dis-ease. However, we know one lifetime is not long enough to bring this about.

We could take his last letter and break it down and show where things he said are beyond the pale of common sense or scientific reasonable facts. Rather than that, we hoped he would back up gracefully before he goes too far. Some of his people are not following him on this injunction or religion, and they won't follow him — questioning his judgment and speaking out loud. This we regret because it means he is weaning himself away from his people, or they are weaning themselves away from him.

This is frank, but our profession is entitled to it. If he and we, as close as we have been — bosom friends — cannot speak frankly what is going on, we have no business being friends. We hope he takes this in the very fine friendly manner we mean. It is our desire to continue down the same road we have been traveling for fifty-five years, to preserve CHIROPRACTIC in its purity for posterity and to develop, protect, and defend CHIROPRACTORS in their right to get the sick well. We have debated whether to write, ignore his letter, or try to pacify him. He is entitled to the truth as we see it.

Perhaps we have no right to speak frankly as we have, but that is what he needs most right now. However, that was not the purpose of his letter to us. He sums it all up in last two paragraphs in which he asks us to sanction, authorize, or loan him George Rinier as his counsel, if, as, and when he is tried for violation of the permanent injunction. (This was before George Rinier passed away.) His position in this matter is much like the

Communists who come to this country denying our form of government, and then take advantage of its statutes to save themselves. He denies a certain portion of the Indiana medical statute, repudiates it, then desires to take advantage of the Christian Science exemption of that same statute to save himself and his movement. We know he does say that what he does is not "another denomination, sect, or creed," but in taking advantage of the Christian Science exemption, and in language he now uses in his circular, he places the issue squarely on a Christian religious basis.

The UCA, CHB, and ICA were and are organizations OF CHIROPRACTORS TO PROTECT CHIROPRACTIC in its purity for posterity. In his last letter, Dr. Shears has repudiated name "Chiropractic" and the practice of Chiropractic, and in so doing he puts us in a position where we cannot advise George Rinier to defend him as national counsel of the ICA; neither can we suggest he step out of the position of national counsel of ICA and defend him as independent counsel contrary to the work he has been doing for 25 years for the ICA. Whether or not George Rinier is to be engaged by the G-P-C Servers is squarely up to him. We will not suggest, urge, or advise either way. We think George Rinier is of the opinion Dr. Shears cannot win in the forthcoming suit, and we know no attorney who likes to take on a suit where he knows he is going to lose. Neither can George Rinier disassociate himself in the minds of our profession from being counsel engaged to protect CHIROPRACTIC FOR CHIROPRACTORS. At one time Dr. Shears wrote the ICA that he did not want them to defend him. That was at a time when he thot he saw his way clear to fight and win on his own. Now that he is dead up against it, he does ask for a loan of George Rinier to pull him out of a desperate situation.

June 20, 1950.

By previous appointment, George and Mrs. Shears came to Davenport for conference to inquire as to whether it was or was not advisable to hold the GPC (or is it the GCP) conference here, after Lyceum this year (1950) as in previous years. We offered no objection notwithstanding we have decided views now on this new-old magnetic healing twist in the Shears movement.

At this conference, George explained his procedure, method, technique. It will be noted that technique NOW described is

entirely different from that heretofore described. Reason for this change is that in finger-touching a certain small amount of force WAS used. To eliminate this was NECESSARY, otherwise it was a Chiropractic adjustment, as we pointed out to George in one of our letters.

In simple language, here is ALL George is introducing now: Technician, operator, doctor, attuner, or whatever else he wishes to call himself, places one flat hand on forehead, other flat hand on occipital area. Both hands in this position are placed lightly with just enough surface contact "to crush a ripe cherry." This is ALL there is to what is to be done by the Shears "doctor" to the Shears "patient" to get him well. There is no premeditated preparation necessary on part of either the "attuner" or one to be "attuned." One can think of horseracing, other of fishing, for all the difference it makes. Regardless of what either or both are thinking, magnetism flows from one to other. THIS IS MAGNETIC HEALING PURE AND SIMPLE, such as EVERY magnetic healer uses and has used for many years. That was one way father used when he was a magnetic healer. George Shears no longer refers to "adjustment", for that is CHIROPRACTIC. He does not refer to "treatment" for that is MEDICAL. He now calls it an "attunement."

This "attunement" can be given BY PATIENT ON HIMSELF. All HE needs do is place HIS two hands on his head as described and "attune" himself. It is not necessary to have a GPC or GCP Server do it. Dr. Shears makes it clear he does not need spino-graph, neurocalometer, history of case, etc. He disregards any and all analyses. He can step up to ANY person, regardless, place his hands as described, and the work is done. There is no need for schooling, any knowledge of any kind. There is no need for any school to teach anybody anything. Neither will there be any need for any GPC or GCP school. We have described ALL one needs know, do, how to do it, to get any sick person well — according to George Shears.

George contends that by placing his hands on head of sick person, he flows a force direct from God within the "attuner" to God-force within one to be "attuned." In this way he awakens lethargic or sleeping Innate force in sick person and goads it on to do things it would not otherwise do if he had not placed his

hands on sick person's head. This, assuming, of course, Innate doesn't know and isn't on the job without help of educated "attuner."

Plenty of evidence can be introduced to prove that what George Shears proposes IS magnetic healing. As such, it is subject to legal prosecutions same as any other method of treatment without a license. George Shears has not hurdled legal conviction with his "attunement" method. George Rinier makes that clear as regards establishment of a separate school.

Magnetic healing is not the practice of medicine, osteopathy, or Chiropractic, but it IS legally practicing on sick for a GPC voluntary fee, without a license.

IF there IS merit in "the laying on of hands" as described by Dr. Shears — one on forehead, other on occiput — as George says there is, then let's practice it, calling it "magnetic healing" which it is, and NOT Chiropractic. Unquestionably, everybody who ever got sick and got well did so because of a PROduction of a vertebral subluxation and its REDuction as a curative process. THAT'S THE CHIROPRACTIC PRINCIPLE, right or wrong. If our father got sick people well WITH magnetic healing — and he did, in a small percentage — then it accomplished same objective as we do now by vertebral subluxation REDuction. Even though George Shears now says "the laying on of hands" is equal to or better than our present method, unquestionably it involved SAME PRINCIPLE and practice WHICH IS CHIROPRACTIC; difference being that with CHIROPRACTIC IT IS SPECIFIC AND DIRECT UPON VERTEBRAL SUBLUXATION CAUSE, whereas magnetic healing is general, indirect, remote, and applied at foreign areas, same as other *treatment* methods accomplish a smaller percentage of results in application of *same* principle.

Have you observed when a person has pain he will almost always place his hand or hands over area? He may let hands lie there, or rub area. If child suffers, mother will hold her hands over or rub area. In either instance, patient seems to or does get relief. Why? To self-magnetize area. George Shears would say "patient attunes himself" or mother does it for him.

Magnetically, people are positive or negative. Usually it is the positive magnetic healer who gives positive magnetism to negative patient. Sometimes opposite is true — positive sick patient

gives to negative magnetic healer. Sometimes two positives meet, or two negatives.

Is Chiropractic, as a separate principle and practice, to live as distinct and different profession? Or is it now to retrogress to a magnetic healing procedure? Can magnetic healing "show a school of practice for the guidance of all members in respect to principle, diagnosis, analysis, remedies, and services rendered each member is supposed to observe, in any given case"? Are Chiropractic schools and colleges to become obsolete to where anybody and everybody can place two hands on heads as a substitute?

Magnetic healers have never claimed or tried to convert their method into a religion. This is first such attempt we have known.

If what George Shears reputes he is able to do is possible, this is the end of any and all CHIROPRACTIC schools; any and all CHIROPRACTORS; and all Chiropractors might as well close their doors and go about placing two hands on heads and everybody will get well, for a ten cent or one dollar fee IF patients see fit to donate it under the GPC idea. Father's fee was one dollar for fifteen minutes of this sort of thing. And why should any patient give anything to anybody when he can "attune" himself and his entire family free?

Following letter is a plea from George Shears, by letter, to presiding Judge who will pass sentence, if any, upon George Shears when he is tried for contempt of court in violating his permanent injunction. It clearly depicts position of George Shears as to his relation to and his abandonment of Chiropractic.

April 29, 1950.

"Dear Judge Wood:

"We want to take this opportunity to thank you for the courteous, dignified and efficient manner in which you conducted our recent court hearing for an injunction.

"It has been said that my personal remedy is to apply for renewal of license but that is not a remedy because of the fact that it would not be renewed if I employed my son Jimmie who cannot obtain one, and it would be impossible for me to serve the people who need my service without, as a Chiropractor, without his help. My original purpose, as I think you know, was to bring the issue before the people in order to help compel legislative relief.



"Seeing the situation in this state deteriorate from bad to worse, and knowing the great need of the common people for this service, we did as most human beings do in their hour of desperation and turned, in prayer, to the one who created and designed human bodies, for help.

"As a result of prayer and three years of research, a wonderful revelation has come to us. God has shown us how to act as His 'agent', that THROUGH us He may bring needed help to the spiritual management WITHIN each human body to enable it to heal itself, without us doing ANYTHING WHATSOEVER to the physical body. That sounds a little fantastic but nevertheless it is true, according to our research.

"I HAVE NOT GIVEN A CHIROPRACTIC ADJUSTMENT FOR OVER A YEAR. I DO NOT EXPECT TO EVER GIVE ONE AGAIN BECAUSE IT IS MUCH BETTER, IN MY OPINION, TO COMPLY WITH GOD'S LAWS SO THAT HE WILL ACCOMPLISH THAT PURPOSE HIMSELF BY SUPPLYING MORE 'CREATIVE ENERGY' TO THE SPIRITUAL MANAGEMENT IN CHARGE OF THE HUMAN BODY IN NEED.

"WE ARE NO LONGER A "DOCTOR" NOR A CHIROPRACTOR, SO FAR AS THE PHYSICAL PRACTICE IS CONCERNED, BUT ARE MERELY SERVANTS OF THE GIVER OF LIFE TO WHOM WE OFFER OURSELVES AS THE 'CHANNEL' THROUGH WHOM HE BRINGS OR OFFERS THE HELP NEEDED TO THE MANAGEMENT OF THE BODY IN NEED. "IN ACTING AS THE 'AGENT' OR CONNECTING LINK WE DO NOT EVEN TOUCH THE BODY OF THE ONE IN NEED, UNLESS BY MERE ACCIDENT, LET ALONE 'TREAT' IT OR 'HEAL' IT OR 'ATTEMPT TO TREAT OR HEAL IT' AS IT SAYS IN THE DEFINITION OF THE PRACTICE OF MEDICINE."

(In this statement, we think George has slightly deviated from facts. To say "we do not even touch the body unless by mere accident" is different from what he does. He DOES place two hands on patient's head, resting them there for an indefinite period of time, same as any magnetic healer would do.

(All any magnetic healer contends is that he flows HIS personal magnetism from HIS stronger and healthier body into weaker and sicker body of patient, thus helping to cure and/or heal sickness of patient. He does this on theory that he is arousing Innate to do more than it is, that he is flowing strength from his body to weakness of sick one. George contends by placing hands on head he is "supplying MORE 'creative energy' to the spiritual management." That is what every magnetic healer contends. It will be difficult for George to deny this premise; otherwise, why touch body of patients at all, if not for some reason of doing something from him to them?)

"If this new service is to be classified, it could not possibly be classified as anything else but by 'prayer and spiritual means' which classification is specifically exempt in the act under which this case was brought.

"Those serving in this manner are known as G-P-C Servers, or as stated above, servants of the Giver of Life.

"I SHALL NOT CONSCIOUSLY VIOLATE THE INJUNCTION WHICH YOU ISSUED, TO REFRAIN FROM PRACTICING 'MEDICINE', WHICH I KNOW IN THIS STATE INCLUDES THE PRACTICE OF CHIROPRACTIC. AS STATED ABOVE, I HAVE NOT GIVEN A CHIROPRACTIC ADJUSTMENT FOR OVER A YEAR. WHEN THE EVIDENCE WAS GATHERED IN THE PRESENT CASE I WAS IN THE MIDST OF MY RESEARCH WORK, AND WAS GIVING CHIROPRACTIC ADJUSTMENTS AT THAT TIME. MANY OF THE PEOPLE WE SERVED HAVE RESENTED THE FACT THAT WE STOPPED GIVING ADJUSTMENTS OF THE SPINE AND HAVE GONE TO CHIROPRACTORS IN JASPER AND OTHER PLACES FOR THAT SERVICE. WE REFER THOSE WHO PREFER THAT SERVICE TO CHIROPRACTORS WHEN GIVEN THE OPPORTUNITY.

(That "many of the people we served" — AS A CHIROPRACTOR WITH CHIROPRACTIC — "resented the fact that we stopped giving" — CHIROPRACTIC — "adjustments of the spine" is quite significant that even PATIENTS cannot and were not deceived by the evasion and substitution for reasons obvious.) "WE HAVE REMOVED ALL SIGNS DESIGNATING THIS INSTITUTION AS A CHIROPRACTIC OFFICE. WE USE NO LITERATURE WHICH WOULD 'HOLD US OUT' AS SUCH.

"WE HAVE STOPPED THE USE OF ALL CHIROPRACTIC PROFESSIONAL EQUIPMENT, SUCH AS X-RAY, NEUROCALOMETERS, NEUROCALOGRAPH, ETC.

"We make no physical examination of any kind. If one who comes here is in need of any kind of physical examination or treatment, they are referred to their family physician.

"The G-P-C Server operates in the belief that God being the designer and Creator of each human body, is the one to whom to turn for help needed to carry on normal expression of life in that body.

"God has revealed to us how to bring ourselves into harmony with His laws governing the normal expression of life in human bodies, and this is a very revolutionary discovery, even though most people will continue to consider it 'hokus-pocus'. That is beside the point, if it can be made available to them THROUGH us, without requiring us to do ANYTHING WHATEVER to the physical body of the one served."

("God has revealed TO US . . ." Who IS "us"? The G-P-C Servers, or has that been the fundamental OF CHIROPRACTIC LAID DOWN BY D. D. PALMER WITH HIS INNATE INTELLIGENCE IN 1895? ". . . and this is a revolutionary dis-

covery". Possibly so, but TO WHOM does this discovery of right belong — to D. D. Palmer or George Shears now?)

"This question will probably be brought up sooner or later, and we will be prepared to prove and demonstrate that we do NOTHING to the one served. If that can be construed as the 'practice of medicine', then Jesus will have to watch His step when He returns.

"This is to give you a better understanding and to assure you that we shall do our utmost to comply, to the letter, with your court injunction.

"Kindest regards to you and Mrs. Wood.

"Sincerely yours,

George P. Shears."

George Shears, in letter to Judge Wood, says:

"... we will be prepared to prove and demonstrate that we do NOTHING to the one served."

It is highly improbable that Judge Wood would permit such demonstration in open court. He might permit it in private chamber. If such were demonstrated, George would convince the Judge that HE WAS DOING SOMETHING "to the one served"; he would feel tingling from skin to skin contact of flow of magnetism, area covered by hands would get warm, and there would more than likely be perspiration. This is usual in magnetic healing. It is our humble opinion that a demonstration would hurt George's defense.

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Upon his return home, following his visit here on June 20th, George Shears writes following, which are extracts from a letter dated June 24th, balance of letter not bearing on issues involved:

"I am sure that you all realize that I consider what I am now doing with 'Innate adjusting' is *strictly in the nature of research work or experimentation* to find out the answer to two questions: First, does it work? Second, DOES IT OFFER ANY SOLUTION TO THE DESPERATE LEGAL SITUATION which has closed in on all Chiropractors of Indiana, and possibly in other states if not all. (Had a letter from one of our best Servers yesterday, who swore that HE would not leave Indiana under pressure, but who now says he is moving out of the state.) The answer to the first question, so far as I am concerned after a year and a half of research, is yes, in a vast majority of cases. The answer to the second question WILL BE FOUND IN THE FUTURE. I BY NO MEANS CONSIDER IT A PERFECT 'SOLUTION' but it may be a means of defense which can keep Servers bringing the blessing of health to the common people if they have the guts to stay. I refused cooperation with the

enemy to help give encouragement to the unlicensed Servers and others. This matter of 'Innate adjusting' came into the picture AFTER that. The Judge who enjoined me is 'acting' as though he believes that what I am now doing is not in violation of the injunction, but only time will tell if he will give that decision in court."

It will be noted George still has his doubts, viz., "... does it offer any solution to the desperate legal situation..." He answers this by saying, "The answer to the second question will be found in the future. I BY NO MEANS consider it a perfect 'solution'." Perhaps the most vital statement is this: "This matter of 'Innate adjusting' came into the picture AFTER THAT."

"My duty as Director of G-P-C Servers is to test out and try ANY idea which *has an outside chance* of providing for the delivery of the blessings of God-given health to the common people. The PRINCIPLE upon which Chiropractic is based is a God-created universal principle WHICH NO ONE CAN CONFINE BY LEGISLATION. The PRACTICE is what belongs to Chiropractors and which can be controlled by legislation. The practice, being a part of the 'practice of medicine' by supreme court decision, undoubtedly will always be controlled directly or indirectly by medicine. This offers no hope for the carrying out of the G-P-C purpose. Therefore the Director of G-P-C Servers GRASPS AT THE 'STRAW' offered by the idea that Innate can be induced to make the adjustment without the Server doing anything PHYSICAL to the body at all. Now that we have found that it works, it remains for us to test out the rest of the 'hope' and find out if acting as 'God's agent' through which this 'help' may be given Innate *by a mere touch of the hands*, will make it difficult or impossible for an injunction to stick. IT PROBABLY WON'T, BUT it is at least SOME defense, whereas now we absolutely have none as Chiropractors.

"Yes, I hear the cry that 'our solution lies in the legislature', but we got into the present 'mess' by going to the legislature to ask for special privileges, AGAINST THE ADVICE OF B.J., FOR YEARS."

"My duty as Director of the G-P-C Servers is to test out and try ANY idea which has an OUTSIDE chance..." "Therefore the Director of G-P-C Servers GRASPS AT THE 'STRAW' offered by the idea..." It is true that for many years we fought to the limit of our abilities, finances, and mentality to forewarn against any and all types of restrictive and constrictive professional legislation, regardless whether medical, osteopathic, or Chiropractic. Superficial observation of what is taking place in state after state, Chiropractic board after Chiropractic board, Chiropractic examinations, licenses, etc., ad nauseum, shows

those opinions were sound then and would be sound now if they had been followed.

As a result of a license TO PRACTICE CHIROPRACTIC, Chiropractors took advantage to rape medicine. As a result of Chiropractors (?) stealing medical principles and practices, medical men instituted, drew up, and had passed basic science bills. As a result of basic science screening exams, the Chiropractic population is being denuded of its future — all because Chiropractors wanted license, power, control, domination, desiring to be bastard back-door cellar-entrance physicians and surgeons.

Commenting on this letter from George Shears to Judge Wood, George Rinier says, June 19, 1950:

"It appears in the letter released the Trial Judge that Dr. George P. Shears has retired from the release of Chiropractic Services and entered a new manner of relief to the Individual.

"It further appears, that by reason of said voluntary action, on the part of Dr. George P. Shears, that said Practitioner Member has automatically been removed from the designated Individuals practicing Chiropractic — but, possessing a Diploma from a reputable Chiropractic School but minus the 'requisite qualifications' of a Chiropractor. The Chiropractic definition referring to an Individual who palpates and adjusts the articulations of the human spinal column — by hand only. Am of the opinion the entire correspondence should go before Dr. B. J. Palmer and then reach consideration of the Members of the Board of Control."

Commenting on legal situation, George Rinier says, June 20, 1950:

"That particular inquiry is released Dr. B. J. Palmer. The writer will not comment but again express an appreciation with the reservation that any defense matter be extremely difficult. It would first be necessary to show a School of Practice for the guidance of all Members as respect principle, diagnosis, analysis, remedies and services rendered which each Member is supposed to observe, in any given Case.

"Thus, any competent Practitioner of said given school must release substantially the same manner of services. Can this principle of Law be upheld in the current situation?"

Under date of June 24th, George Rinier again writes George Shears his opinion of the legal situation:

"Succinctly, contents refers to promulgating Services to Individuals within the general pattern of Healing Arts, but under principles of

Practice *foreign* to the Practice of Chiropractic. It does appear there has been an *abandonment* of (1) palpating and (2) adjusting of vertebral subluxations of the spinal column by hand only.

"Assuming the observation correct, there does appear a *departure* from the Practice of Chiropractic, which is necessary for Membership in the INTERNATIONAL CHIROPRACTORS ASSOCIATION. This is the opinion of the writer, and a matter for decision of Dr. B. J. Palmer, President of the ASSOCIATION and the governing Body of the ASSOCIATION — the respective Members of the Board of Control.

"Naturally, there can be no controversy of any nature, directed at an Individual endeavoring to relieve, or aid, persons suffering from injury, deformity, or disease of mind or body.

"To substantiate the release of a Healing Art, *there must be a School of Practice* promulgating principles and rules of Practice. This is a matter of Law in order that the School of Practice may be judged by Practitioners of the same School of Practice as to negligence and kindred matters arising under Healing Arts. All of this is necessary of determination in the matters presented in above mentioned communications."

In a letter from George Shears to Judge Rinier, July 28, 1950, he says:

"I think I shall also cut out use of the word 'attunement' designating what we do. We really do not need any name or word of any kind, since we act only as SERVANTS and WE do nothing. If we honestly act as God's SERVANT in providing the means whereby He may deliver His blessing of health to those in need, and MIND OUR OWN BUSINESS otherwise, I think the way will be opened to provide a very great blessing to all mankind."

To this, Judge Rinier answered, July 29, 1950, as follows:

"Note comment as to eliminating the word 'attunement'. There is promptly raised the question as to just what process is utilized. There must necessarily be some reference thereto and a word designation of the overt act. Such act is apparent — possibly not necessary for the release of service or securing result. But it would appear the patient must be made conscious of some overt act."

The problem before and to be settled by the ICA Board of Control is:

- Grant that George Shears WAS a Chiropractor
- he practiced Chiropractic many years
- he was a true and steadfast adherent to our principle and practice
- he was a member of Board of Control for years

- he supported, defended, and served our best interests
- in all that time he was contributing financially
- he was not arrested, tried; did not cost ICA expense.

Grant he conceived a new plan of approach to our professional and legal problems

- in so doing, he thrice voluntarily denied Chiropractic
- solutions he offered were strictly Christian and religious.

Then question arises: Is the ICA a CHIROPRACTIC organization OR one to defend the practice of a Christian-religion;

- is the ICA to go outside of its duties and responsibilities and defend other than Chiropractic;
- is the ICA to repudiate Chiropractic in principle and practice as George Shears has done, to fulfill a moral obligation of defending George Shears who did that very thing?

That the ICA has defended cases wherein the practitioner did go beyond or step outside of the principle and practice of Chiropractic is obvious, but in so doing the practitioner did not repudiate or deny Chiropractic; on reverse, he called what he was doing Chiropractic, perhaps as great or greater offense than what George has done.

The problem and its solution are simple. If we break down and go outside of Chiropractic with George Shears there is nothing to prevent breaking all bounds on all therapies, treatment methods, and become in fact what the NCA is today — defend nothing and everything. The Board, as well as ourself, would be the last to want to see that come to pass.

---

In a former letter from George Shears he stated he did not want the ICA to defend him. In George Shears' letter of May 19, 1950, he says:

"I have no local lawyer of the caliber necessary for such a case, or one who understands what I am driving at. There is only ONE who will understand, but he would have to be given special permission from you or some one in authority to handle this situation for me. He probably could not do so as the ICA attorney, but would have to be as an individual lawyer with expenses paid by myself or G-P-C Servers."

Obviously, it is not within the province of the President of the ICA to instruct George Rinier to step out of his province of protecting, defending Chiropractic and Chiropractors. That responsibility only George Rinier can answer. It is plain, from his correspondence, he doesn't want to place himself in that embarrassing position. It is plain he wants to relieve himself of this embarrassment, suggesting the President of the ICA or the Board of Control instruct him aye or nay. All the President can do is to express his experienced judgment based on 55 years of developing, protecting, and defending CHIROPRACTIC in its purity for posterity; believing it unsound to now change that policy; knowing that George Shears is entirely outside of that field of thought and action.

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(Copy of letter from George P. Shears, D.C., to H. H. Farber, D.C., Union City, N. J., January 30, 1951.)

Huntingburg, Indiana, Jan. 30. 1951.

Dear Herman:

I was glad to hear from you even if it was in criticism.

I saw the present situation coming ten years ago and have been trying to prepare B.J. and the P.S.C. for it all of the time. That is why Bill Grant was at the P.S.C.

The P.S.C. has chosen to take one path which they think is right, and I have chosen to take another which I think is right for *me*. I hoped that the two could be blended together and full credit given to B.J. for it, but such was not to be. I have enough correspondence in the matter, with B.J., to fill a filing cabinet.

B.J. led us up to a door and is unable to enter that door. He has made his choice and probably could have made no other. His place in history is secure and his work has been and will continue to be a very great blessing to mankind.

A few of us, however, have opened the door far enough to see something irresistible beyond. We have tasted it and tested it and find it "good." We can understand WHY B.J. cannot go through that door with us, perhaps he was not supposed to. He had his life work mapped out for him before he was born, and has done a remarkable job in carrying out his true destiny.

But life goes on and other ideas are born and revealed for the welfare of man. This is not man's world, he is only an "actor" in it, with a Master Hand directing and guiding it. Those who are chosen to take the lead into new fields are always criticized and sometimes even persecuted by those who have not been "directed" into that path. I hoped against hope that B.J. could go with us into this new field, and thus be given some of the credit for it,



since he told me as far back as twenty-five years ago that what we are now doing would come some day. The thing about it that he did not know or realize was that the new "revelation" would definitely prove that much of what he had taught and advocated for 50 years would prove to be in error. It would be asking too much to expect him at this late date to even consider such a thing.

Our findings, so far as I am concerned, definitely prove that the manual physical adjustment so laboriously developed by B.J. and others, is entirely obsolete, and the X-ray and NCM are entirely unnecessary, and that "cracking bones" of any kind or character is entirely unnecessary and even sometimes harmful, in careless hands, as you well know.

Any competent Chiropractor can do the research work which will prove all of this if he can open his mind long enough to honestly do so. I will be glad to outline just how it should be done in case you were seriously interested. I won't waste any time in arguing the matter, but merely make the statement in explanation of how the present situation came about. It is not a spur of the moment thing, but has been developing for ten years.

This new work is the purest kind of Chiropractic as it SHOULD have been, but the field has taken it in the other direction, and the Dear Old P.S.C. is heading that way also for economic reasons. B.J., who fought so hard to prevent it, told me it was like trying to sweep back the ocean with a broom.

The new work we are researching now is so simple that it can be taught to anyone in a very short time. With it, my wife, who has never been in any Chiropractic school, has been able to do far more for me than the best trained Chiropractors ever could. Since it is non-physical in character, it means that the possibility looms that it may be beyond the control of all present statutes, medical or Chiropractic.

Since Chiropractic, which in reality is 95% spiritual in true character, has been made into something 95% physical by the profession at large, and established as such legally, it will undoubtedly always be controlled directly or indirectly by Medicine, just as Osteopathy is. Even if you get a law in New Jersey, and I certainly hope your dreams in that direction are realized, Medicine can slap B.S. or something similar on top of it. They have every ground for doing so because the majority of the profession have so grossly encroached upon the field of medicine.

Even though you will continue to disagree with my interpretation, I do want to thank you for our long period of friendship and hope that even in disagreement we may still love and respect each other as we should.

Love

As ever,

(Signed) George P.

Director G-P-C Servers Inc.

1230½ Harrison Street,  
Davenport, Iowa.  
July 19, 1950.

Dr. E. L. Pierce  
1228½ Harrison St.,  
Davenport, Iowa.

Dear Larry:

I think you will agree that new vistas of thinking about Innate Adjusting were opened at the Annual Research Conference conducted by Server William B. Grant at Albany, Georgia, in March of this year. Those who responded to what was offered at the Conference have seen marvelous changes in their practices and their service to the sick.

However, what was presented there was only a beginning; a beginning in the right direction it is true, but, nevertheless, only a BEGINNING. Are you ready for the next step?

A group of us has just returned from a five-day study period with the man who will open the next step to you, IF YOU ARE READY TO TAKE IT.

This man will conduct shall we say a "class" during the first week of September at his ranch in Colorado, and I am writing you this letter so that you may place your reservation with me and make plans to join a motor caravan that will leave Davenport following the G.P.C. Conference, which is scheduled for August 31st. For your convenience in making your reservation, I am enclosing a penny postal, which I would appreciate receiving at the earliest possible moment.

Without pushing hard, we should reach the ranch on Saturday, September 2nd, where plans are in progress to make our stay there as inexpensive as possible, so that this great blessing may reach all who are sincerely interested. The class, living quarters, etc., will be on a G.P.C. basis.

Plan to spend the first week of September in Colorado, allowing between four and five days for the "class" and two days' travel each way. It is an experience you will be truly thankful for.

Most sincerely,  
(Signed) Elsie  
Elsie May Maloney

(Postal card)

I will be present at the class to be held in Colorado the  
will not  
first week of Sept.

There will be \_\_\_\_\_ persons in my party.

I am taking my car and have room for \_\_\_\_\_ persons.  
am not

Signed \_\_\_\_\_

Date \_\_\_\_\_

## CONFLICTS CLARIFY

Important Notice

(See Other Side)

Change of Address

For

The Headquarters

of the

EMISSARIES OF

DIVINE LIGHT

Post Office Box 349

Long Beach, California

Address all of your mail for Uranda and the Third Sacred School of the Emissaries of Divine Light, as above, or as follows:

URANDA

P. O. Box 349

Long Beach, Calif.

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 REJOICE

## IN OUR EXPANDING SERVICE

You will naturally question as to why we have changed our Headquarters, and, consequently, our address, as indicated by this change of address notice. As the Service of the Emissaries of Divine Light, through the Third Sacred School, has grown and expanded with the ever increasing Response to this Teaching, it became necessary for us to find larger and more satisfactory quarters, where we might have ample room and facilities to serve you more effectively — and so the change.

You will please ignore our previous address, no matter where you may find it in our literature, and address all your letters to us as noted on the other side of this notice. We appreciate your careful co-operation in using the correct address. Thank you,

— URANDA,

P. O. Box 349,

Long Beach, Calif.

CHAPTER 9

The Story Of

THIS IS THE PLACE  
NOW IS THE TIME

(Lyceum, 1950)

Elbert Hubbard and we were cronies for twenty years.

His JOURNEYS TO THE HOMES OF THE GREAT AND NEAR GREAT are American classics.

He wrote about THE HOME OF CHIROPRACTIC — which was here.

He wrote these in his PIGEON ROOST, up in the woods beyond Nazimova Creek.

He NEVER allowed ANY person to go there. That was his silent retreat where he mused with the gods. Yet, every time we went there he and we would retire there, roast weiners, and solve the problems of the world.

The great and near great gathered around the tables of Roycroft Inn.

It was there we met Carrie Jacobs Bond.

—the music salon

—the recital

—what Fra did.

One morning at home — BEHOLD THE ROYAL TAILORED MAN. "I WOULDN'T TRAVEL WITHOUT MY TRUSTY CORONA." Percy.

Everywhere around here you will see Roycroft work.

This desk is Roycroft made.

First piece they ever made — the clock — is in hallway of Palm Court.

Many chairs are in the Clinic.

Carved slabs are in the cafeteria.

The Lusitania.

We received a card from Elbert at New York. On it, he said:

"I am going over to interview the Kaiser, unless he gets me first."

He did!

How he and Alice went down together.

---

One evening, sitting by the fireside in THE BIG ROOM of The Inn, he told me the story about how he wrote A MESSAGE TO GARCIA.

He tried to get one of his "helpers" to help him do something.

The "helper" did not "help." He proved to be a drag.

---

Our experience with our "printer's devil."

Did you "get the idea?" Yes! Then "all else will follow."

Turned to the manager of printery — put that up in large letters on cardboards:

GET THE IDEA — ALL ELSE WILL FOLLOW.

Turning to the "devil," we told him to tack them up on EVERY door in our buildings. Do you "get the idea?" Yes!

In a half hour, he came and asked me where he would "find a ladder."

That's what Hubbard meant when he wrote A MESSAGE TO GARCIA.

We put this up on the largest billboard in the city, on the corner over there. All we put on it was:

GET THE IDEA — ALL ELSE FOLLOWS.

---

Less than two weeks ago, we got another "idea." We got hold of Verne Link and told him we wanted it painted over every door going INTO every class room building:

ENTER TO LEARN HOW.

We followed this up, on the inside facing OUT:

GO FORTH TO SERVE.

Sure enough, we had various students ask what this sign meant. ENTER TO LEARN HOW — learn how what?

Let us read the story of A MESSAGE TO GARCIA and see what Elbert Hubbard meant:

(Read A MESSAGE TO GARCIA — Printed in full in Up From Below The Bottom, (Vol. 23, Palmer, 1950).

Our friends insist this story says what we want to say now, as truly as if we wrote it.

---

For some years past, we have been having violent acts of aggression of the Russian communistic forces invading below our Chiropractic 38th parallel into the free state of Chiropractic.

Without regard for public welfare, for selfish aggrandizement, without interest in the welfare of their own people, these professional prostituting perverts are raping, killing, strangulating, threatening, forcing — Mussolini, Hitler, and Stalin style — the purity of the Chiropractic families who live in the free states below the 38th parallel.

They are forcing unjust squeezing, pressure-forcing Chiropractors to become bastard physicians and surgeons, infiltrating physiotherapy and naturopathy, treating effects rather than seeking and adjusting cause, and calling this entire nightmare phantasmagoria Chiropractic; robbing and depriving the sick from getting well because of their rapacious greed.

The time has arrived when the United Chiropractic Nations must resent this infiltration behind their lines; they must push back these acts of unjust aggression.

The time has arrived when every true, sincere, and honest Chiropractor must don the Innate uniform, shoulder his musket and shoot his support behind the I.C.A. whenever they issue the call to report for duty. We must push them back TO the 38th parallel, back TO the North, back OUT of the North, back to the medical Russia where they were conceived and from which they receive their violent destructive bursts of inspiration, orders, and pay.

All this, and more, each of you can do; and we are sure, from now on, you will do!

---

All this reminds us of an instance that happened in Rome, Holy Year, 1925.

It was Sunday p.m., the canonization of St. Theresa, the Little Flower of France.

Our guide all the time we were in Rome was the Primate Abbott of the Order of St. Benedict.

80,000 people were in St. Peter's that afternoon.

We took up our position close to the High Throne, up on a pilaster where we could hear and see everything.

Outside of the general buzz-buzz of many voices, the place was quite ordinary.

Suddenly, way back at main entrance, we began to hear shouting. We saw it was the Pope arriving.

He was carried down the center aisle in his palanquin chair, on the shoulders of Swiss Guard. As he moved along, the yelling increased and accumulated behind and along side.

As he came over closer to the High Throne, the shouting became screaming, screeching, hysterical pandamonium, yelling, madness turned loose. As the Pope arrived opposite us and reached the High Throne, all hell turned loose and the place was a madhouse. We saw and heard 80,000 lunatics, or so we thot.

We anticipated a silent reverence would be shown the Holy Father.

Upon leaving, our Abbott asked us what we thot. We told him very frankly we had seen and attended many circuses and visited many insane institutions, but this was the wildest, maddest circus we had ever seen or heard.

It was then he told us a story, the opposite side of human emotions.

Imagine a woman peon of Mexico. Born Catholic. All her life she had hoped some day she might visit Rome, go into St. Peter's, see the Pope; he might actually bless her.

She saved her centavos, skimped and scraped, finally had \$120 to buy her way to Rome on a pilgrimage ship.

She was NOW IN Rome. This was THE day. She WAS in St. Peter's. This was THE instant. This was THE moment of her entire life she had been waiting to see — and NOW the Pope looked right at her. Here WAS the Pope directly in front of her. He blessed HER.

All her life she had been suppressing her religious emotion; like a smoldering volcano it had been dammed and choked back. Finally here, now, this instant, she could hold it back no longer. The human volcano burst and gushed forth its living molten rivers of hot religious lava.

And SHE was just one of 80,000 others of like anticipation and expectation.

---

Today is OUR day.

This is OUR hour.

This is THE moment of YOUR entire life you have been waiting for.

NOW is the time for action.

You are now in the Rome of Chiropractic.

You are under the tent of Chiropractic's St. Peter.

You are now in the presence of what various high priests have called the Pope of Chiropractic.

He is looking at each of you; he is blessing you for the great good you have been and are doing.

He is expecting much more from you from here on in.

(And you who listen will surely understand and not misrepresent the spirit of this comparative application, for it has been said before in the same language many times by many more competent to judge than we.)

NOW is THE time to let loose that smoldering volcano within each of you.

NOW is THE time to save Chiropractic from extinction.

Drive the medical communists, the saboteurs, out of our house, our country, back to medicine which spewed them forth.



NOW is the time for you, our Chiropractic Romans, to deliver our Chiropractic message to Garcia.

---

Today we have many valiant warriors who did GET THE IDEA and ALL ELSE IS FOLLOWING IN THESE PEOPLE. They are delivering THEIR MESSAGE TO GARCIA. They do not hesitate, hem and haw, bicker. They HAVE the idea and all else DOES follow.

We are thinking of such men as George Rinier, Hugh Chance, Roger Dunham of the I.C.A.

Al Adams who gives time and money to carry on in Washington State.

Huff and Grostic in Michigan who are carrying our banner high.

Bill Werner in New York who has never varied, has spent his all, building high and holding the ship steady in New York.

The Julanders in Iowa — a whole army in one family alone, none of whom have faltered.

Herbie Reaver who is still in jail, for six months, who would not yield.

George Shears

Griffin and Lemond

Bayorek

Homer York

Zimmerman

Walter Gingerich

Vinton Logan, an up-and-comer in our ranks

Peterson family

Helen Hamilton

Esther Leiske

Tena Murphy, just to mention a few.

And, remember, we have mentioned only a few of our stalwarts. Their number is legion. We could spend hours — but you know who they all are as well as we.

We are now going to pause for thirty seconds.

In that thirty seconds, we want each of you to rededicate and reconsecrate yourself to the preservation of the freedom of the right of the sick to get well, and to keep Chiropractic in its purity for posterity.

The day will come when we will take a long vacation, never to return. Our mantel will be cast upon and around each of you. The obligations are yours today, now.

You must begin to assume them NOW.

WHO? You!

You true blues must no longer lean on us, The P.S.C. and I.C.A.

You must become us, The P.S.C. and I.C.A.

And, in this period of thirty seconds silence, we want no shouting of Glory Hallelujah; no hitting of any sawdust trail or coming to the altar, making a public display of your professing. We want just an inward igniting of an honest resolution sincerely made. We want you to sit where you are, in the silence of the communion with yourself—your inner self—The Bigness of The Fellow Within—and reaffirm your loyalty to our cause, that others to come may possess the same blessings you possess now, because of the labors and sacrifices of those who passed away yesterday before you.

We will now have a thirty-second pause.

Good Night!

## CHAPTER 10

### The Story Of STONES

Our subject is "Stones." We had an object in so naming it. In studying physiology, anatomy, biology, psychology, or any "ology", there is a similarity between things organic and inorganic, mineral and vegetable. "Stones" convey an idea of earth or mineral organically and concretely hard, which may be internal or external. This purports a solidification of animal, vegetable, or mineral matter.

There are conditions called causes which in fact are not a CAUSE. Creation is because of intellectual forces put into execution. Trees express an expansive force from the seed. Man represents a similar creative seed. Man's tissues (including bone) are COMPARATIVELY soft—sufficiently so that Innate Intelligence can at any time make the hardest substance soft, or vice versa, providing the occasion arises for such action and it is needed to preserve the integrity of her frame and its surroundings. Behind each unit body or earth action is a varying quantitative force. Detailed intentions and expressions represent the liberation of intelligent deductions.

Glacial and other stones exist. Ask the scientist what CAUSED the stone and he will reply, "Each stone has grown." Weigh a stone at two periods of time and, be it large or small, that stone will have grown. Atoms upon atoms have gathered and this mass gradually, in its rollings, became compressed, hence solidified. By process of compression it decreases in size, hence increases in volume, solidity, and weight. In detail, it increases by the coming closer OF ATOMS. It may be atoms of one character or another, according to the makeup of the stone. What kind of a stone it may be, depends upon WHERE atoms began to be compressed. It would not be possible to find a SANDstone being formed where only clay exists; nor would one look for a LIMEstone where only sand exists. The sandstone and limestone were formed where sand and lime existed. Stones form from the one or more materials of which they are composed. It is possible there might be a sandstone formed at one time and then, by moving, thru an earthquake or glacier, the stone would be shifted

from one field to another containing lime, and there have another series of atomic accumulations added to the sandstone, thus have a sand and limestone in the same stone, although of different concentric material and time constituents. You could go to a marble quarry and find soft and hard stones growing, providing you could tell growth in the abstract, for there are hard and soft stones in one location in different strata, the same as there are flabby and well developed muscles in the same body. A sandstone consists of sand grains held together by compression exerted around them, obliterating the compressible elements.

Take a given quantity of sand; pour water over it; let water soak between the particles of sand; then introduce cold (which is done by obliteration of heat units) and the mass becomes frozen — solid and hard. This is typically a sandstone.

A diamond is a stone. Qualifying chemicals have yet to be unlocked from the bosom of Innate Intelligence. Man does not know what is necessary to make a diamond; yet IF he did, he could not comprehend the process of putting them together. No matter what name the stone possesses, where it was, is, or will be, it is the COMING TOGETHER of atoms; yet the "coming together" of vegetation or minerals IS the expression of a force.

Rock may be lying here or there and GROWING. The tombstone, torn as it was from the earth, has certain shape, size, and characteristics. Place it in a FOREIGN location, and it gradually decays — length of time depending upon how solidly the atoms were placed together. If growth implies atomic addition, then decay is proven to be atomic separation. The TIME of addition and separation may or may not be equal.

In studying "stones", there are three essentialities: matter, intelligence (or force), and time. Intelligence works matter with time. Stalactites and stalagmites are examples of the above analysis. Rain water, running into the earth's crust, carries mineral and vegetable elements which the limestone itself has and has not, hence every drop running thru a crevice carries atomic constituents which are deposited. Millions of drops equal millions of cells which are, thru process of time, attaching themselves to each other. This continuous process equals an elongated stone.

Compression and heat are and are not necessities. Some stones could not be made without one or the other or the two. Com-

parisons vary according to depth (for compression) or location (for heat). A complete and accurate analysis could be made for one stone, but that could not be made to account for all.

We are told it takes more than common heat of superficial earth to form a stone; that some stones grow more during summer in its hottest days. For instance, heat (more or less) is a necessity to make solidification in the vegetable or mineral kingdoms. If you want to find the home of a particular stone, go to a certain region where volcanoes have occurred. Geologists can approximate layers, thicknesses, and distances by studying the general type of earth of that locality, what time these volcanic eruptions and excessive heat took place to make those strata, and how deep they now are. In vegetable matter there is more or less moisture which induces dissolving; absence of moisture tends to condensation. Heat withdraws moisture from vegetables, causes them to shrivel, dry up, and return to dust. If pressure is exerted during the withdrawing of moisture process, a compressed product would be the result. Pressed paper products are made following this process.

Material and immaterial constituents necessary to form a stone are: atoms; force; atoms separated by more or less particles of moisture; obliteration of moisture by heat force; bringing together of these atoms by compression of layers of earth; time; product; stone.

Difference in stones is due to character of cells, varying degrees of compression and heat, and the fluctuating quantities of time.

Sandstone is a "soft" stone. It does not have the compression that granite or marble has. Study the grain or figures of marble and, speaking of it in the sense of a metal, we would say "the metal has run." Cararra marble displays how cells, in more or less soluble wet forms, have been moved by compression and resistance on all sides, which makes a curlicue, due to the forces compelling it to roll one way or another.

In a paper carton is dry oatmeal. In a jar is a quart of water. Mix the two, let one soak well into other, and you have "mush." Apply force from above downward, with resistance at bottom and all sides, and you have a compressed substance. Put the original "mush" in a pan, without compression, place in a hot oven, and you have gems or oatmeal muffins. The muffin is, in

this analysis, the stone. Suppose, instead of the pan being of a certain size, you had matter on all sides, and you "smeared" this "mush" into variable running forms. When baked, you issue what you put in. This is sometimes noticed in the shape of the grain of inferior glass.

Same might be said of the constituent elements of putty. There is the dust to be mixed well with oil — it must be neither too thin nor too thick, but pasty. Place putty around window panes. When it dries it holds the glass in place. This is producing an artificial "stone," for it hardens only so fast as the oil withdraws from the putty.

Same is true of larger bodies of NATURALLY composed cellular combinations. Before they had solidified, portions of the earth could have trembled or changed location, and caused these layers to "run", thus bringing forth the fanciful designs we see in stones of today. This pressure takes place during the stages of upheavals and compression. Even tho we study it from this standpoint, we must again refer back to THE essential which CAUSED this to take place — the one great, creative, infinite intelligence itself, known under various names. Theologist calls it God; you might call it the worldly conscious mind. There is more freedom in Universal Intelligence than our names give credit for.

On the Government Island there is a tree with two large trunks connected by a large branch cross bar. In what way could this tree appeal to you? Does its mute appearance speak? Why are these two branches united above? Have you any opinion? "NATURE wanted it that way." What is "nature?" Is it something that grows a tree? Average materialist or botanist does not know what "nature" is or why it does things. Physician says "nature" cures. Philosopher, naturalist, or woodsman will give you a more NATURAL answer than the scientifically trained physician. You ask, "Why did this branch grow from one trunk to other?" He looks it over, examines, considers MORE than the tree, and replies: "Where these two trunks are now together, at one time that tree was split and was falling over. At the time this fracture occurred, this smaller branch above was growing TOWARD the second trunk. Tree Innate Intelligence took this branch, united it to other trunk, welded them together, and pulled the fallen one into an upright position. Today there stand

two straight trunks completing a natural bridge or arch above. Intelligence did this for a purpose, with a direct and specific object in view. We admit there is an intellectual power that does things greater than educated man can place in comparison."

"Stones" exist in human bodies. Where they are, of what they are formed, and how they are formed determine the name to be attached. They are not always technically known as "stone." Stones external to man are normally made; those internal to man are abnormal. Normal man was not destined to have "stones", altho, within reason, bones are stone formed under normal process, and the exostosis or osteosarcoma of bone would be an abnormal stone.

Man is composed of cells, has liquids, muscular compression, and heat; but no one of them gets in excess or minus in normal man. Where man is perfect, all materials are in normal quantities—one to balance other, one to keep other in a normal condition. Normality is the normal quantity of each playing in and between balance. Stones can exist in almost any gland that has an infundibuliform, or any reservoir of the human body. "Stones" can form in the salivary gland, kidneys, ureters, bladder, bowels, spleen, gall duct, gall bladder, thyroid gland—in fact, any gland. You will occasionally find them in the rectum or in any joint in the body. Compacted and dried foecal matter, in a sense, could be called "bowel stones."

"Stones" in the human body are formed involving same requisites as in external. They are a gathering of atoms which keep increasing to cellular sizes; and with additions of excessive heat and compression, gradually solidify, get tighter and tighter, closer and closer, until they become a SOLID mass of cells.

Excessive secretion, contractures, contractions, or heat—any one or a combination is equivalent to the product, providing other functions equal such a product.

Consider gallstones. They are generally formed in the gall bladder, altho they can be formed in the liver. Cholesterol is one of the chemicals found in that organ. It is one of the chemicals which crystallizes when under excessive heat. These crystals go into the gall bladder which acts as a receiver and gathers crystals. Crystals, being heavier than liquids, go to the bottom of the reservoir. Inflamed bile keeps forming crystals in the liver and

going into gall bladder. More crystals keep gathering in reservoir. This gall bladder keeps contracting with three various directions of contractile movements, which abnormally constitutes a process of compression which, thru process of time, assembles the crystals into an irregular-shaped ball. It may be symmetrical or oblong. It is always without corners. It is quite solid, never as much as the stone on the outside, for pressures are not as great. It is solid inside compared with normal state of surrounding balance of structures. While one is gathering, others are started. At one time, there may be one or a dozen, twenty, forty, or fifty in various states of manufacture and different sizes.

Crystals have formed from normal or abnormal secretion made by liver.

Therapeutically, external man has never been able to devise, into form of a compound, anything which will reliably liquidize or dissolve this internal stone. We must resort to one of four ways:

1. Externally inject some liquid which has for its ultimate conclusion a conversion of the solid to a liquid state.

2. Surgically introduce some instrument into the organ, superficially located, to crush the stone; thus permitting more free passage.

3. Stimulate the external region over cavity containing stone, thus trying to stimulate flow of liquids to cavity, to liquidize stone by an excess amount of liquid.

4. Analyze the condition, find its cause, and reverse the steps, in accordance with Chiropractic procedure.

In gallstones (all other stones standing same relative analysis), four constituent states are: 1. tissues; 2. liquids; 3. heat; 4. compression. When these four are normal, all work to benefit of other — natural quantity and quality is product. Introduce an excess of heat, all other states being normal, and you crystallize the liquid state of solids. Crystals gather into forms, assume shapes, all of which form stones in a process of time. Excessive heat thus modified the normal to abnormal. A person may go thru life with several "stones" in a gall bladder and never seriously realize the fact.

Every step we take in study of stones — no matter where made — we study force of a given contractive character at a given



normal or abnormal rate per the time and quantity of an organ and matter with which it has to deal.

A feverish person needs plenty of water because heat is drying various liquid elements within body. This condition is also true with kidney, gall bladder, etc. It is possible to have localized fever in kidney or gall bladder and thus effect primarily the flow of liquids which passed thru there without materially affecting anything else.

Kidney gathers urine in small quantities. Here excessive heat changes, these crystals gather around a nucleus, and soon a stone is formed. It is passage of these stones into the ureter which induces paroxysmal pains as they pass thru to the bladder. After reaching bladder there is a relief, but suffering is not ended. Stones must yet pass thru urethra, and pain is excruciating until stones reach outside.

Question arises, "What about his normality and abnormality and his creation — same as we would look into sandstone and its creation?" Man is but an intellectual producer and a mechanical product. He is a product of his father and mother. So far as father and mother were concerned, they knew not whether child was to be male or female. As far back as we have been able to investigate, we find that mother's educated intelligence does not create the child. There is something behind educated mother over which she has no control. Behind father and mother there is an Innate Intelligence which completes the child, makes it what it is. At birth, child becomes the product and immediately becomes a producer. Moment he ceases to be a mechanical product, he is a unital intellectual producer; and when he reaches last stage, he ceases to be in the light of a product. There is local intelligence which now creates products in that child.

Watch movements of anything, and you reach back to that creative intelligence which allows man or woman, child or beast the sense to personify themselves in the manner they do, and it is this creative intelligence that eventually reaches man from the medium of his brain wherein these thots are made. Man has little knowledge of the internal half of himself. He doesn't know what is going on. There are progressive steps between one and other, altho both reside in one body. Man is dual. It is "the other fellow" about whom you and we know little, that forms the

secretions in structures. It is when these forces are interfered with that consequential actions are not normal; when you put resistance between transmission and expression by so doing you intensify and increase the expressions of power. Place a resistance between that portion of brain and the point where its product should be expressed, and you increase temperature. You raise localized area or general viscera to fever heat, to more heat than was necessary to perform its secretive duties. Result of this change is to intensify the solidification of the liquid — and the product, with the heat, is a glandular stone.

To study man rightly is to follow the products or mediums of his secretions, normal and abnormal. To do this we must refer back to the intellectual creative power. You can't consider him without. To study material man is to see one-half of him. Other half you generally ignore. Half which does things is valuable portion you do not see. Material man has studied corporeal man for thousands of years. Opposite phase and connection made with material man must be studied together.

Go into the philosophy of man. Find he has brains. They are centers from which thots radiate, from which there are transformations; receive this superabundance of power and express it. In man, the two brains are one center, and from them is the continuation of spinal cord reaching to every gland in body. Power necessary to allow any gland — liver, kidneys, or bladder — to work is force which Chiropractor considers, studies, knows where it is hindered in transmission and with which he deals when occlusions have been made normal in size and form. It is that connection with vitality that these glands need. When a patient with gallstones, liver stones, renal stones, or bladder stones consults us, it is not what we are going to do with stones, or how to rid body of stones, or what we shall do to liquidize stones. Chiropractor works with principle of cause in and behind stones. What caused them to be there? Excessive excretion, perhaps excessive heat, always pressure, and time. Each of these is result of power being abnormally expressed. Can we reverse this process back to normal? Can we reestablish secretion? Can we restore excessive heat to normal heat; contraction to normal contraction? If we can establish coordination, then the stone resolves itself to a state of dissolution. Chiropractor does not know such a thing as "passage of stone." If he can restore to

normal, that stone goes backwards thru stages until it resolves into cholesterol. He uses no instruments to crush the stone. He has in mind reestablishing of currents of power; reestablishment he communicates to this from the point of creation to point of expression. How much easier to work upon principle of cause. Like cause, like effects. Reverse cause and reverse effects. True cause of any stone in human body has not been known until recent years. Medical men who have given stones attention have been ignorant of what causes crystals or conversion of a liquid into stone.

Dr. Butler puts in seven pages on "Stones of the Spleen" and after spending two pages on etiology (the study of cause), he leaves us without the least knowledge. He tells us that splenic stone is hard, and about symptoms of passage, and that it is easily removed under operation, etc. But that which CAUSED it, we do not find. Under treatment of gallstones and other effects, he states: "In an attack of biliary colic the patient should be kept under morphia, given hypodermically in quarter-grain doses. In an agonizing paroxysm it is well to give a whiff or two of chloroform until the morphia has had time to act. . . . Since the days of Durande, whose mixture of ether and turpentine is still largely used in France, various remedies have been advanced to dissolve the stones within the gall bladder, none of which are efficacious."

On the question of renal stones, he says: "Treatment: — When the pain is very intense morphia should be given hypodermically, and inhalations of chloroform may be necessary until the effects of the anodyne are manifest. I have had no success with this treatment."

Man treats effects, but he has accomplished nothing.

Dr. Osler, under question of "If calculi, composed of calcium carbonate or phosphate, can be recovered from the stools subsequent to the attack, the diagnosis is confirmed."

Two physicians had one patient. One said, "Doctor, we don't want to operate upon this case." Other said, "We do." Finally, they agreed to operate. Each had his opinion as to what he would find upon operating. One said, "We will find gall and renal stones." Other said, "I bet that post mortem will show only renal stones."

Dunglison gives little further information on calculi other than to say that "solution is generally impossible. Expulsion or extraction is the best." Under head of "renal calculi", he gives "symptoms and treatment vary according to the seat of the calculi." We find further that "treatment varies with circumstances."

Physician or surgeon has no means other than dosing or performing operation. Getting to question involved — permitting stones to be removed NATURALLY — he has no means of dissolving stones IN ORIGINAL PLACE. As Chiropractors, we attend a patient and at no time expect to see a piece of the stone. At one time we were called to attend a patient who was suffering excruciating pain, characteristic in passage of renal stones. We gave an adjustment, and within a few minutes patient was lying in bed, went to sleep, and slept six hours. Adjustment restored forces which were abnormally making these stones.

In study of stones, Chiropractor does not treat effect; he seeks cause.

## CHAPTER 11

### The Story Of

### THE MAN I MEANT TO BE

I knew his face the moment that he passed  
Triumphant in the thoughtless, cruel throng,  
Triumphant, though the tired quiet eyes  
Showed that his soul had suffered overlong.  
And though across his brow faint lines of care  
Were etched, somewhat of Youth still lingered there.  
I gently touched his arm — he smiled at me —  
He was THE MAN THAT ONCE I MEANT TO BE.

Where I had failed, he'd won from life success;  
Where I had stumbled, with sure feet he trod;  
Alike, yet unlike — we faced the world,  
And through the stress he found that life was good.  
And I? The bitter wormwood in the glass,  
The shadowed way along with failures pass.  
Yet as I saw him thus, joy came to me —  
He was THE MAN THAT ONCE I MEANT TO BE.

I knew him. And I knew that he knew me for  
The man I might have been. Then did his soul  
Thank silently the gods that gave him strength  
To win, while I so sorely missed the goal?  
He turned, and quickly in his own firm hand  
He took my own — the gulf of failure spanned . . .  
And that was all — strong, self-reliant, free,  
He was THE MAN THAT ONCE I MEANT TO BE.

We did not speak. But in his sapient eyes  
I saw the spirit that had urged him on,  
The courage that had held him through the fight  
Had once been mine. I thought, "Can it be gone?"  
He felt that unasked question — felt it so  
His pale lips formed the one-word answer "No!"  
Too late to win? Not too late for me —  
He is THE MAN THAT STILL I MEAN TO BE!

CHAPTER 12  
The Story Of  
THE B. J. PALMER CLINIC  
By W. P. Hall, D.C.

I have never seen such a complete and perfect manifestation of thoughtfulness for others as I have found at The PSC, and especially in The B. J. Palmer Clinic. From the first reception at the desk on entering the Clinic, I realized personalized kindness. Every doctor, interne, nurse, and assistant with whom I came in contact manifested the same spirit. A sincere interest in each patient, with a desire to be helpful, is quite noticeable. They all have the "human touch" and have not become cold and hard as in other institutions I have visited. I could not find a thing B.J. had overlooked in the way of comfort for student, patient, or visitor.

Air conditioning of all rooms is delightful and makes it easy to remain indefinitely in those "last word in comfort" chairs, or upon the beds in the rest rooms. If patient is too ill to sit in reception room, he is put to bed in a quiet room until he can be taken care of. Patients are taken care of as a sick person desires and needs. "Quiet Please" neon signs throughout the Clinic are a joy to a sick person. Here is a place where one can truly rest and relax in complete comfort. It also impressed me that this quietness was quite conducive for the doctors and assistants to really concentrate upon their work. I have seen no frivolity in the Clinic, only serious consideration of the work in hand. I know this is the only way B.J. would have it.

Everywhere you look you can see the shadow of a perfectionist. One is impressed that "this is the best that money can buy," whether it be in the reception room, different departments, or in the laboratories. Equipment is most up-to-date, and much of it has been built and especially designed for The B. J. Palmer Clinic. One is impressed with the fact that money or skill have not been stinted in making this the finest equipped Clinic of its kind in the world. Technicians in every department impress you that they have been thoroughly trained and know what they are doing.

Shattered nerves are also given the delightful opportunity of being under the healing virtues of organ music after each day's checking and resting period. The Assembly Room is typically B.J. Again, everything is for comfort, the air, lighting, and chairs. An hour in such an atmosphere is inspiring, healing, and I found it to be courage-building, also.

Pausing at the fountain for a refreshing drink of naturally cool, deep WELL water (which B.J. thought proper to supply to sick folks), I walked out into the Clinic Gardens to see another expression of B.J.'s thoughtfulness and love of the natural. To describe this beautiful garden would take an artist or a poet. I am neither, but I know and appreciate beauty when I see it. The whole setting of the garden speaks peace, quietness, refreshing and a place to meditate upon the beautiful, worthwhile things of life. The music of the water falling upon the rocks in the two fountains, mingled with the songs of the birds, is food for a hungry soul. Everything to delight the eye is here — the profusion of flowers, trees, shrubs, vines, butterflies, goldfish, and the many statuettes — works of art in bronze, gold, iron, and stone from old China, Japan, and India. If you wish to sit or lie down in this Little Bit of Heaven, B.J. has provided you with your choice. Each nook of privacy is covered in case of storm.

Then beyond this clinic garden is a rare rose garden and more beauty. Everything is provided, that one may be helped and uplifted — physically, mentally, spiritually.

So I pause to give tribute to a great soul, a humanitarian with a heart of gold. A man who has withstood the hard knocks, the bitter criticism, and the cruel thrusts of pen and tongue for half a century. His fight has not been with personalities but with principles, and with his eye fixed upon a single and simple principle he has won gloriously. The hard blasts from the winds of adversity have rooted him firmly, and he stands as an oak tree upon a mountain.

Thank God for B. J. Palmer.

W. P. Hall, D.C.

August 10, 1949.

## CHAPTER 13

### The Story Of

### REMEDIES WORSE THAN DISEASE

Many Freak Medicines Which Were Used by Ancients  
Are Paralleled by Gruesome Compounds Which Are  
Inflicted Today on Patients.

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The most unsavory concoctions of modern pharmacy are as nectar of the gods when compared with medicines of ancient times. It would seem that physicians in those times taxed their ingenuity to its utmost to invent gruesome horrors which they prescribed.

Certainly the fiends who were usually supposed to be the cause of sickness must have been courageous if they withstood the doses they were treated to.

What would one think nowadays of a doctor who prescribed blood from a black cat's tail for skin troubles, live toads tied behind the ear to stop bleeding, or powdered spiders as an un-failing remedy for various diseases?

Mayerne, a French physician who is said to have numbered among his patients two French and three English sovereigns — Henry IV and Louis XII of France, and James I, Charles I, and Charles II of England — was fond of dosing his patients with "pulverized human bones."

A chief ingredient of his gout powder consisted of "raspings of a human skull unburied." In the composition of his celebrated "balsam of bats", he employed "adders, bats, suckling whelps, earthworms, hog's grease, the marrow of a stag, and the thigh bone of an ox."

Dr. Boleyn (of the same family as Queen Anne Boleyn), a physician in the reign of Elizabeth, prescribed for a child suffering under a certain nervous malady, "a small young mouse, roasted." The same doctor stated that "snayles broken from the shelles and sodden in whyte wyne with oyle and sugar are very holosome, because they be hot and moist for the straightness of the lungs and cold cough."



Belief in the efficacy of charms and amulets was once universal with the faculty, and precious stones were regarded as sovereign remedies. The hyacinth and topaz hung about the neck or taken in drink were certain to "resist sorrow and recreate the heart." The sapphire was "a great enemy to black cholera," and was believed to "free the mind and mend manners."

A certain kind of onyx was supposed to preserve the vigor and good estate of the whole body. One physician went so far as to declare that "in the body of a swallow there is a stone found called chelidonium which, if it be lapped in a fair cloth and tied to the right arm, will cure lunatics, madmen, and make them amiable and merry." Herbs were also in great request, and daisy tea was accounted a certain cure for gout or rheumatism.

A formula for hair tonic which is given in the oldest book on medical practice now known—a book written at Heliopolis where Joseph once served in the house of Potiphar—is described as a "means for increasing the growth of the hair, prepared for Schesch, the mother of Teta, the King of Upper and Lower Egypt." Dog's teeth, overripe dates, and asses' hoofs were carefully cooked in oil and then grated.

As Teta lived before Cheops, this recipe for hair oil is older than the great pyramid of Gizeh, and is supposed to date back more than six thousand years.

Three drops of the blood of an angry cat gave relief to the epileptic.

Heads of venomous serpents have held an important place in medicine. A strong broth made from them and mixed with salt and spices, and one hundred other remedies were employed under the name of theriaca as a cure for every conceivable disease.

Curious survivals of this old belief in the efficacy of certain reptiles and insects as cures for human ills occasionally come to light, even in this advanced age. In New England, cobweb pills are supposed to be good for the ague, and in the South a certain knuckle bone in a pig's foot is a cure for rheumatism if it be carried in the pocket or worn suspended from a string around the neck. Spider web pill originated in China where all species of insects have certain positive or negative values in medicine.

Among the learned physicians of Peking, it is customary to give two or three scorpions or spiders to a patient ill with fever.

In Ireland, the peasantry swallow small spiders alive to effect cures. From these to the cobweb pill of the New England native was an easy step.

In Flanders, the live spider is fastened into the empty shell of a walnut worn around the neck of patient. As the creature dies, fever decreases until it is gone entirely.

Among jewels, the ruby was considered good for derangements of liver as well as for bad eyes.

Sapphire and emerald were credited with properties which rendered them capable of influencing ophthalmic disorders, and there is a superstitious belief that serpents are blinded by looking at the latter stone.

Temperance advocates, if they have any regard for the beliefs of the Greeks and Romans, might seriously consider the advisability of distributing amethysts among drunkards, for it was supposed that these stones prevented intoxication.

Most of our readers have no doubt heard of the precious jewel which the toad carries in his brain box; and so-called toad stones, which were in reality the teeth of fossil fish, were formerly worn in finger rings as a protection against poisons.

Although popularly supposed to be itself a deadly poison, the diamond has from remote ages been credited with the power of protecting the wearer from evil effects of other poisons, a reputation which it retained until comparatively recent times.

The superstitious use of jewels is not so intolerable to think of, and certainly would be less offensive to practice, but it is evident that the patient's recovery during this period was owing to good luck rather than to good management.

To logical thinkers—those who study Chiropractic—treatment of any disease is as ridiculous as superstitious medicines mentioned seem to us today. Time will come when adjustment of cause will be universal. A clear knowledge of adjustment of cause elucidates and proves folly of treating effects by prescribing medicines.

Evidently there was as much jealousy in the ranks in 1700 as there is today. We quote from preface of English Dispensatory,

1700, published by "Your very humble servant and most affectionate brother, John Quincy":

"That most persons are fond of works of this kind is manifest from their esteem even of the worst; and the universal reception of Salmon's collections which are as bad as they are voluminous."

In speaking of "The Theory of Medicine", he says:

"The various turns of philosophical theories and hypotheses have indeed filled the dispensatories and shops with a vast number of medicines, but they have their rise and declension like our fashions."

So long as health is trying to be manufactured from outside forces, by treating effects with such decoctions, he may know, as a fact, disease will still exist. Effects cannot exist without cause; THAT cause is IN person afflicted — not external. Why not find that cause and adjust it?

## CHAPTER 14

### The Story Of RHEUMATISM

According to Webster's dictionary, rheumatism gets its name from "rheum", to flow, and "ism", a doctrine or theory, especially a wild or visionary theory.

Rheumatism theorizes about something that flows thruout the body.

The definition of rheumatism is: "Med. A general disease characterized by painful, often multiple, local inflammations, usually affecting the joints and muscles, but also extending sometimes to the organs, as of the heart." (Webster)

Chiropractors leave superstitions behind; medical and osteopathic students cling to them. To them, blood is the source of life; it is the only substance in concrete form that can be microscopically seen, which is recognized as flowing. As "life" flows from it, disease can do no better; hence title for this disease. As "all diseases have to do with blood in some form," then EVERY disease can be aptly called "rheumatism." Every medicine is given to stomach with hope that it will "flow" diseased, stagnated blood to LOCAL bad blood in the specific organ where "rheumatism" is.

Dunglison says: "Rheumatism is a word used to denote a VARIETY of clinical states, the underlying cause of which is SUPPOSED TO BE ESSENTIALLY the same."

Forms of "rheumatism" in same dictionary include arthritic, capsular, muscular, nodular, etc. Diagnosis, prognosis, and etiology of these differ, yet he further wishes us to understand that these multiple specific affections, with many various definite names, shapes, locations, etc., have "the underlying cause of which is SUPPOSED TO BE ESSENTIALLY THE SAME." Is it possible to have ONE cause "essentially the same" in each person and yet manifest different forms? "Like cause, like effect" is very antipodal when applied to the science (?) of medicine. It is possible to reproduce like with two sexes, but like breeds like. As well attempt birth of cats or dogs from human beings as to sustain above. It is hollow mockery to call attention to

these inconsistent facts only too well known to medicine. For medicine we need sayings like "Many effects, one cause," or "Many causes, one effect." Either one is applicable to this flowing disease.

Dunglison further says:

"This disease may attack joints, muscles, fibers or serous structures, or tissues."

As different tissues are composed of different chemical affinities, it is incongruous to assert that "the underlying chemical cause . . . could be essentially the same," knowing that medicine is the treatment of diseased conditions with chemicals. Different chemical diseases, in different chemical structures, necessitate different chemical causes and chemical treatments to correspond with each.

"It may be acute, subacute or chronic in its course and duration,"  
—yet its "underlying cause" can be the same.

Functions involved are often antipodal, yet "cause is the same." Some correction is necessary to make Dunglison accurate. He even states that cause of inflammatory rheumatism is "the same" as where joints are ankylosed; a softening condition with "the underlying cause . . . essentially the same" as that which would harden same tissues.

"The morbid anatomy and etiology of rheumatism REMAINS DOUBTFUL. The causes commonly ascribed are the presence of lactic acid and excess of fibrin in the blood, cold, and microorganisms."

He credited "commonly ascribed" theory, paramount in medical world, that microbes are "A" cause of rheumatism and, if rigidly questioned and compelled to produce a logical process of how normal was made abnormal by microbes, they would be lost in a maze of bewilderment, for many connecting links are needed to complete that chain of reasoning.

"Practically we know that the disease is due to some abnormal product of the bodily chemistry which produces the constitutional condition termed the rheumatic diathesis."

Quain, in speaking of etiology of rheumatism, says:

"In a considerable proportion of cases, rheumatic arthritis follows ordinary acute rheumatism immediately, or it appears after an interval of several years, during which time chronic rheumatism of a milder degree may have been complained of. Persons of all ages may suffer, but the disease generally begins between 20 and 40. It is commonly believed to be more frequent in women. Depressing

influences of all kinds, including acute disease, menstrual disturbances, chronic uterine disease, frequent pregnancy, puerperal disease, superlactation, the menopause, prolonged physical exertion, privation, unhealthy surroundings and mental distress unquestionably act as predisposing factors. The disease is hereditary in the same form as acute or chronic rheumatism. Gout is very often present in the family history, and not uncommonly tuberculosis also. The influence of cold and damp as exciting causes is very marked. *In some instances, injury of a joint is the starting point of the morbid process. Occasionally it follows gonorrheal rheumatism.*"

He tells us a cold is A cause. In return, what causes a cold? He says microorganisms are A cause. Why haven't all people the same, who breathe same air? Why does a cold manifest itself in combination with a peculiar type of rheumatism and not in another? These questions arise when reading this paragraph. His explanations do not answer. If you are a rheumatic, have suffered, tried to get relief and failed, think of innumerable questions you have asked physicians and how unsatisfactorily they have been answered. You have asked until mournfully compelled to cease bothering your ignorant brother. How many questions would you like answered today, upon which "medical science" does not touch?

"The prognosis of this disease is favorable as regards life; but unfavorable as regards cure, comfort, or ability to follow active bodily employment. The prognosis is much better IN THE RICH who can seek relief by change of climate in the earlier stages, than it is amongst the poor, in whom the disease must in a measure be allowed to pursue its progressive course."

The man who can pay railroad fare from Davenport to Florida "can seek relief". Thousands are SEEKING "relief" but so few have found it. Man living in Florida who suffers with rheumatism, contracted his "flowing" rheumatism there, pays his fare from Florida to California, to "seek relief." Californian who contracted rheumatism can go to the springs at Bath, Maine, and "seek relief"; but poor man in Florida, California, Davenport, or anywhere else, must suffer. "Relief" (unfavorable as regards a cure) is a blessing of the rich. There appears marked difference between bodies of rich and poor man which appears to allow wealthy to get this substance which poor cannot touch. Rich man has money to go anywhere else than where he now is, to get something which costs distance, time, and wealth. Poor man suffers with rheumatism; he falls heir to fortune today and be-

comes relieved one tomorrow. Did money do it? We are told "the prognosis is much better in the rich," therefore the above physical difference when money is go-between. Health is a substance bought with money. Such is scope of generosity of wisdom doled out to multitudinous crowds by men representing centuries of education.

Under the subject of etiology — *the cause* — Quain says:

"Of the predisposing causes of acute rheumatism, the most important is inheritance, which can be traced in twenty-seven per cent of all cases."

TWENTY-SEVEN per cent! What about the SEVENTY-THREE per cent? They cannot be traced to a "predisposing" inheritance.

Under "the determining causes" he says:

"But NO DEFINITE ETIOLOGY RELATION CAN BE TRACED between prevalences of the disease and weather or season. Rheumatism may suddenly make its appearance AFTER A SPRAIN or other injury to a joint."

So far he has NOT given even a tangible cause. This man is trying to establish a justifiable cause without success.

"Some authorities regard the disease as infectious and occasionally epidemic; others as caused by a drain poison. A specific micro-organism has been described as the cause vera."

If you are in close proximity to a rheumatic patient, beware! It is BECOMING infectious. He wishes us to believe it is transmittable from person to person, thru "a specific microorganism." "Special microorganism" but no "specific" knowledge to show to prove how. It is too bad these small fellows cannot protect themselves. Who has ever feared catching rheumatism? Very few. This authority (?) ought to call for quarantine.

"In disease which runs so uncertain a course, and which may be complicated by such a variety of dangers, THE PROGNOSIS IS NECESSARILY MOST UNCERTAIN, but in a given case there is at first no possible means of foretelling what course the disease will run in any one of these respects. The prognosis must be especially guarded in persons worn out by mental or physical overwork."

He warns his brothers to be guarded as to how they say the bug will eventually leave the body. It is carefully worded. So far we have but little tangible knowledge of THE cause as gained thru investigations of these authorities. We find there is a faint ray of hope for rich, but none for poor.

"The prognosis of chronic rheumatism is favorable as regards life, BUT VERY UNFAVORABLE AS REGARDS CURE—patients rarely losing the tendency to recurrence of pain throughout the whole of their life."

This man of a science (?) which "flows" represents combined knowledge of generations, thousands of minds, and says a poor patient must suffer constant recurrences of "flowing" pains. What good is a poor patient? What good is he? If a patient must have THEM, WHY HAVE HIM? If we knew we had to go thru life with pains, we would not pay heavily to find it out. He temporarily deadens sensibilities, but when that is past relapse comes in tidal waves.

Osler, the world's highest authority on diagnosis, said, at a medical banquet:

"Gentlemen, the less you know of drugs, the better for your patients. Today I give only two drugs, one to stimulate, the other to deaden."

This man was formerly diagnostician at Johns Hopkins University, and now fills a higher like position in a London university. In his "Practice of Medicine", about "Rheumatic Fever" he says:

"An acute, non-contagious fever, DEPENDENT UPON AN UNKNOWN infective agent, and characterized by multiple arthritis and a marked tendency to inflammation of the fibrous tissues." "Dependent upon an UNKNOWN infective agent."

Think! They are treating something that has an "unknown" cause, guessing at a certain condition, and meanwhile are wallowing in a sea of despondency as to its origin.

In speaking of "Etiology", he remarks:

"But as Church remarks, the returns are very imperfect (this holds good everywhere)."

He tells us rheumatism exists in all seasons, degrees, in any part of a season, from the infant to old age, makes no difference as to sex, if there be any discrepancy at all it is more among females than males. Now note:

"It is a deeply grounded belief with the public and the profession that rheumatism is a family disease, but Church thinks the evidence is still imperfect."

He quotes Church as an authority, yet it is a very "deeply grounded belief" showing his opinion also. There exists a "deeply



grounded" difference between faith and science which is based on facts. A majority of you BELIEVE in religion. Do you respect that as a science? It is a "belief", a "faith", which may be unbounded in that you HOPE conclusion will be worthy of further confidence. SCIENCE IS DEDUCTED FACTS. That is why we ridicule "belief" of medicine, for it is not based on one physiological fundamental FACT. Life, the essence needed in every sick person, is first thing that is ignored in every action upon part of physician; it is most important study tabooed by medical student; it is greatest power that is ridiculed by medical practitioner everywhere. Can you call anything a science that ridicules its creation? Science is an accumulation of deduced, known, tested facts. Osler says what they know is a "deeply grounded belief." He has no contention to prove it is a "deeply grounded" FACT.

"The bacteriology of the disease IS STILL UNDER DISCUSSION. Singer's results have not been confirmed. Special stress has been laid upon the tonsils as the point of entrance of the infection."

If there are rheumatic patients in this audience, we would advise them to take special precaution not to open their mouths. If you are young and do much perambulating at night, we would advise a mouth guard which will effectually impose upon these intruders duties of remaining outside or inside, according to which side they are on. If you are well, a muzzle ought to be worn to keep them outside. If sick, you should wear one to keep them inside, for to let them outside would mean to infect somebody else who is not intelligent enough to wear a muzzle. In either instance, muzzle must be worn and we suggest laws be framed making it a penitentiary offense for man to run at large without a muzzle, day or night. Clap one on at birth and allow it to be removed only at death. How we must circumvent the eating proposition remains to be deciphered by our medical friends who hold out existences legally within their grasps.

"Some have gone so far as to say that there is always a primary infective trouble in the lacunae of the tonsils, to which rheumatic fever is secondary, arising from the absorption of microbes ON THEIR PRODUCTS."

He emphasizes absorption of microbes and perhaps they, in themselves, would not be so bad, but "their products" leave another trail of diseases. Upon these "products" we find other

scavengers and "their products" and other scavengers follow them as cause follows effects. Consequently, as small as these first microbes are, there will still be others until microscope will not detect them. To get a muzzle so safe as to cover all of these is the vital issue.

"And the local lesions are really trophic in character, or the primary nervous disturbance leads to errors in metabolism and the accumulation of lactic acid in the system."

He says first symptom produces second, second produces third, third produces fourth, and fourth produces fifth, but does not tell what caused first. We thought we had it well formed when that "primary infective trouble" arrived, but we were sidetracked. We might assume germs induced "primary" condition in "lacunae of tonsils", but why should germs use discrimination in ignoring some people and attaching themselves like leeches to others, or particularly centering out lacunae of tonsils as a fertile pasture in which to live, in preference to any other organ? It appears some fundamental principle needs be explained and then we can intellectually know WHY this germ fastens himself to rich and poor alike, no matter where he may live or go and under all circumstances where he may be placed.

There is a great diversity of opinion as to source of this disease. Causes commonly ascribed by medical fraternity are heredity, transmitting of diseases from progenitors, sudden changes in temperature, infection by microorganisms, lactic acid, and excess of fibrin in the blood.

Osler, in his "Practice of Medicine", says:

"The multiform manifestations of the rheumatic poison in childhood and young adults may very reasonably be referred to the effects of the toxins of microorganisms."

He again says:

"... it depends upon morbid material (lactic acid) produced within the system in defective process of assimilation."

Osteopaths differ but little from their medical cousins in the etiology of rheumatism.

On Page 130 of "The Philosophy and Mechanical Principles of Osteopathy," under head of "Rheumatism", Dr. A. T. Still, founder of Osteopathy, says:

"Before the pain begins at the joints, you are sure to find that all gas has left the joints. Thus electricity burns because of bone fric-

tion. Some gas must be between the bone joints. Thus we find great use for atmospheric pressure to hold bones far enough apart to let the joint water pass freely over the opposing ends of bones. There is a natural demand for gas in all health joints of the body. Reason leads us to believe that gas is constantly being conveyed to or generated in all joints. Before rheumatism appears the separating gas has been exhausted and there follows friction and electric heat because of there being two or more joints in one electric circuit or division.

"We thus get what we call neuralgia, rheumatism, sciatica, and so on, to the full list of aches and pains not accounted for to date by our philosophers."

Dr. A. P. Davis, in his work of 850 pages, "Osteopathy Illustrated," says rheumatism is "impeded capillary blood circulation;" that in rheumatism "we have a disturbance caused by the precipitation of acid crystals of lactic acid."

Osteopath differs from medic in his treatment of this disease only in that former aims to accomplish with manipulation what latter tries to do with drugs.

Dr. A. P. Davis says:

"Our treatment, then, for rheumatism should be directed to the promotion of the circulation of the fluids of the body."

For this he prescribes osteopathic "general treatment," which consists of more than two hundred movements and takes nearly five pages to describe.

The PSC differs from both above schools in etiology and pathology of this disease. Allopaths, Osteopaths, as well as other schools, are therapeutical. They use remedies in treating this disease. Chiropractors do not treat disease — they adjust cause of rheumatic symptoms.

Following will illustrate how a Chiropractor adjusts cause of rheumatism and wherein adjustments differ from treatment of other schools:

A. P. Bracelin, M.D., was badly crippled with rheumatism. He took four adjustments on one vertebra, which relieved impinged nerves. He was sixty-four years of age, and became entirely well.

C. H. Murphy, prominent attorney, was brought to The PSC by S. J. Evans, D.D.S. Mr. Murphy had sciatic rheumatism and suffered untold distress. One adjustment took pressure from nerve and gave instant relief. Expression on Mr. Murphy's face

changed from one of great pain to that of happiness. How about lactic acid, microorganisms, or lack of gas between joints?

Cases of longer standing take more time.

Chiropractic adjustments replace displaced vertebrae, thereby taking pressure from nerves. Being freed from impingement, they assume natural function of conduction. Does reader see resemblance between medical and osteopathic cause and treatment of rheumatism, and that of cause and adjustment by Chiropractor?

Medical men finally revert to "primary lesion." "Rheumatism is caused by too much lactic acid in blood." What causes that? "Poor nutrition in body." What causes that? "General run-down condition of body." What made run-down condition of body? "Probably an exceedingly nervous disposition; a highly irritable temperament." Patient then asks what this has to do with lactic acid in body, and how has lactic acid anything to do with his condition. He may even chase medical doctor back to starting point, and he will begin another circle upon more technical grounds.

Osler lays great stress upon complications which may ensue. He has six pages of complications which follow rheumatism. He says it may go into lungs and bring on many lung troubles, or into the heart. It may swell joints and make them stiff and ankylosed.

"The drug treatment of acute rheumatism is still FAR FROM SATISFACTORY though the introduction of salicylic compounds has been a great boon."

Take away drug treatment, and what is left to rely upon? Everything that applies a treatment is at base the same, therefore different forms of its application do not change it materially. Here is one man who has had more experience than any other in United States, and he says drug treatment is "far from satisfactory." If this authority makes that statement, what good does it do a subordinate to continue drug treatment by a man who does not begin to know as much as Osler. Think that over!

We are spending much time to show that these "great authorities" admit they know nothing that is beneficial which can be applied or taken internally, which permanently cures or will relieve rheumatism for any length of time.

"Opinion varies the view that with the alkaline treatment endocarditis is less frequent, but the disease is not cut short, nor is the pain allayed. The truth is, there are certain cases of rheumatic fever that resist all forms of treatment, and persist for weeks, sometimes with recrudescences or relapses of great severity."

"Arthritis deformans — a chronic disease of the joints of DOUBTFUL etiology."

Great men of science! Osler, when he had his position at Johns Hopkins, had everything. There was nothing to stop investigation. He was a superstitious thinker, a man who had books galore in libraries, and equipment without end in laboratories. He had assistants at command; the greatest clinical practice of any diagnostician in the United States. As a FINAL result, he hands down to the masses in ages to come this book which says "Arthritis deformans is a disease of DOUBTFUL etiology."

Exposure to cold, wet, or dampness, and local injuries are all spoken of as present day theories of causes.

"At present there are two views prevailing as to the etiology of arthritis deformans — one that it is of nervous origin, the other that it is a chronic infection."

When pinned to facts, what is meant by "nervous origin?" How little is understood by this term which is always used when last resource has been reached? How many physicians will commit themselves to how little they know when they express such unknown quantities?

As to Dr. Osler's ability to help this disease, he says:

"Once established, this disease is rarely cured."

Why didn't he and men of science stop it from becoming "once established?" He has had many acute cases; why did he not cure it then and cease its further existence? Why let it progress for years and then make above statement? Only one answer is possible — KNOWLEDGE AND ABILITY OF CORRECTION OF CAUSE ARE ABSENT.

We have persistently quoted from Osler's works as he is a recognized authority — he stands without a peer. His opinions are worth more than hundreds of others, because he has been placed by the profession universally where his experience will be more available.

Under subject of "Chronic Rheumatism", he says:

"This affection may follow an acute or subacute attack, but more commonly comes on insidiously in persons who have passed the middle period of life."

He follows this with a paragraph regarding etiology, yet reconsideration proves this etiology is similar to osteopath's "lesion". They are effects, therefore are not cause producers.

Under subject of "Muscular Rheumatism", he says:

"Until our knowledge is more accurate, however, it may be considered under the rheumatic affections. A sudden chilling after heavy exertion may also bring on an attack of lumbago."

Under the subject of etiology, we find:

"The precise nature of the disturbance is not known. There is probably oxidation of the food stuffs, combined with imperfect elimination of waste products of body."

Yet they will assume to cure such diseases when causes are unknown. Is this logical?

Desiring to continue our investigations, we refer to Dr. Butler, another authority on this subject. He regards all rheumatism as a form of fever and treats it under that head. In speaking of constitutional diseases and under chapter of "Chronic Rheumatism", he tells us "it runs from the acute into the chronic." He describes very thoroly chronic form and "there is no known cure for it."

We have not found one medical authority who knows or can state in precise terms what rheumatism is. Ask ten physicians to put in writing, without reference, a definition of rheumatism and you will have ten opinions dwelling from bacteriological infection to bad blood as causes.

We have investigated most thoroly records of past and present writings. We have looked into hospitals and health resorts and found them filled with rheumatics. Lack of results is prima facie evidence of fact. Where failure is continually and persistently paramount, then the system must be wrong.

We could see the handwriting on the wall — THE REASONS WHY — when we studied the following article. In medicine there are original thinkers, and each has his independent tangent, but all are based upon a wrong fundamental.

"The Tyranny of the Dead.

"For ill as for good we are still largely ruled by the dead. Nine-tenths of human thinking and human conduct today is governed by the thinking and conduct of people who are now dead. Our customs, fashions, languages, governments, laws, even our religions—all these are inheritances which may be blessings or tyrannies, received from the dead.

"I wonder if you have paused to think how little we have really originated! This is the day of discovery, the hour of invention, and yet, living in an age when the world seems to change almost yearly or hourly, a very large part of our thought and conduct is inspired or limited by the dead. All life is a struggle for life, for variation, for originality, and yet there are some of us have not so realized it. As one has said, 'Life is a river that everlastingly flows on and not a lake that stagnates.' Some of us could be well described in the words of Lowell: 'We worship the dead corpses of old King Custom.'

"Once in a while man realizes something of how he is the slave of the past, rises up and says: 'I will be free! but he does not take many steps before he finds he is immeshed in a web that he cannot break, before he stumbles into a trap or a net, and finds his so-called freedom is elusive and delusive. Says Mrs. Gilman:

"It takes great strength to train  
To modern service your ancestral brain,  
To lift the weights of unnumbered years  
Of dead men's habits, methods and ideas;  
To hold back with one hand and support  
With the other the weak steps of a new thought.  
But the best courage man has ever shown  
Is daring to cut loose and think alone,  
Dark as the unlit chambers of clear space  
Where light shines back from no reflecting face.  
But to think new, it takes a courage grim,  
As led Columbus over the world's brim,  
To think it, cost some courage. And to go —  
Try it. It takes every power you know.'

"The question of education is enslaved by the dead! Why do we have a complicated grammar? Why do such similarly spelled words as cough, rough, plough, dough, hough, have such different sounds? It was the way that dead men spelled. It is time we went to the root of things and found out how silly we are in many respects. It is time we examined our system of the development of the young to see whether it is sane or insane; whether it is really education or whether it is simply cramming youth full of thoughts of dead men. Our modern system of education has nowhere changed a great deal since Emerson's day, for the principal of the best known classical school in Boston said to me: 'We conduct this school, so far as is possible, exactly as it was conducted forty years ago.' Here is what Emerson said on the subject:

"We are students of words! We are shut up in schools and colleges and recitation rooms for ten or fifteen years, and come out at last with a bag of wind, a memory of words, and do not know a thing."

"He said he did not know ten men who had been ten years out of college who remembered the Greek they learned in college. Wendell Phillips said very much the same thing, and Emerson, a little farther on, in the same oration on 'New England Reformers,' said:

"In alluding just now to our system of education I spoke of the deadness of its details. But it is open to greater criticism than the palsy of its members; it is a system of despair. The disease with which the human mind now labors is want of faith. Men do not believe in a power of education. We do not think we can speak to divine sentiments in man and we do not try."

"Certainly that dead indictment is true, yet where is the school or college that exists for the sake of awakening divine sentiments already existing in pupils?" (The PSC with Chiropractic does that very thing.) "Where is the educational institution that is founded and administered today in faith in the human race, and on the progressive, growing, thinking, living, developing God, that human soul? The whole object of a school ought to be not to cram the student with the thoughts of dead men, but to awaken originality and make the students discoverers and helpers of the race by what they may contribute to it from their own lives."

"How can the human race grow as it might, when our schools are largely places for the collecting of dead men's thoughts, and the inoculation of our young people with them?"

"I quote again from Emerson in his essay of Self Reliance:

"Familiar as the voice of the mind is to each, the highest merit we ascribe to Moses, Plato, and Milton is that they set at naught books and traditions and spoke not what men said but what they thought."

"And there are some of the people who pass for liberal people today who are taking the thoughts of dead men that were liberal in their time but are illiberal in ours, and are using these great thoughts of the liberators of the past as clubs with which to smite the sons of the prophets. There are people who call themselves 'Channing Unitarians'. I had supposed that a Unitarian was a man with his eyes open, and his face to the front, one who would try to think for himself as Channing thought for himself, but what the people mean who call themselves 'Channing Unitarians' is that they are trying to hold the views of people forty or fifty years ago on religious subjects, and still pass for liberal people. They have been saying, 'I am liberal', and the procession has swept on past them. Take people who are called by the name of Calvin. The glory of Calvin was that he was a reformer who broke away from the old traditions, and from everything that seemed to him like superstition. How can a man be a Calvinist and believe what Calvin believed, any more than Calvin could have been a true man and believed what people believed three hundred years before his time? Then we have the Lutherans, conservative among the Protestant churches, organizing themselves against progress in religious thought. What did Luther stand for?"



Luther stood for the rights of private investigation, and of each man being the judge of what the Bible taught, and of what he ought to think, and do. No man is a Lutheran, a Calvinist, or a follower of Channing, or a disciple of Theodore Parker who does not stand today in the front rank of original human thought and of religious progress and development.

"We come now to consider Social Custom. Have you ever read Mr. Fosse's poem entitled 'The Calf Path'?"

"In Boston, men walk three miles when they ought to walk one. I cannot read all of this poem on 'The Calf Path' but it gives the answer to the conundrum that I have just propounded:

"'One day throughout the primeval wood  
A calf walked home as good calves should;  
But made a trail all bent askew,  
A crooked trail as all calves do.  
Since then three hundred years have fled  
And I infer the calf is dead.'

"A dog sees the path and takes it; a bellweather sheep is looking for a passage and sees the calf path and takes it, and the other sheep follow on —

"'And many men wound in and out  
And dodged and turned and bent about  
And uttered words of righteous wrath  
Because 'twas such a crooked path!  
And still they followed — do not laugh —  
The first migrations of that calf.'

"After a time the forest path becomes a lane, the lane becomes a road, the road becomes a village street, the village street becomes a city's crowded thoroughfare —

"'And soon the central street was this  
Of a renowned metropolis,  
And men two centuries and a half,  
Trod in the footsteps of that calf.  
They followed still his crooked way,  
And lost a hundred years a day;  
For thus such reverence is lent,  
To well-established precedent.  
But how the wise old wood-gods laugh  
Who saw the first primeval calf.'

"I think this is more than equal to Lamb's story of the Chinaman's roast pig. You know it—how they discovered roast pig when a house burned down that had some pigs in it, and ever after when they wanted roast pig they put pigs in a house and burned the house down.

"Why should a man be arrested who wore a woman's dress in an American city, and woman be arrested who wore a man's garments, when in Turkey the women wear trousers and the men wear skirts. There is only

one answer: dead men and women did it, that is all! Why do men wear funeral garments? Dead men dressed this way.

"Why should dead men tell professors at certain seminaries what they should teach people in the twentieth century? What an outrageously ridiculous thing that people who lived on earth, some of them hundreds of years ago, should control our education and state what we shall study and how we shall study it!

"How about the administration of justice? Did you ever think how justice 'is dispensed with', as Mrs. Partington says, in our courts? What is a court for and what does it actually do; what governs the court that governs us? DEAD MEN. Hundreds of laws that dead men made, and thousands of precedents that dead men established, with a cumbersome and complicated machinery of dead men, have caused our courts to become the despair of all except the unjust, the rich, and the powerful. Mr. Lawyer, how can you sneer at an orthodox minister? You are surely as bigoted as he; he has had some modern thoughts, but your business has allowed you to have none. Tell me, if you can, what real, vital, vigorous improvements have been made in the administration of our courts of justice in the last fifty years, while the world has fairly leaped along in other respects, even in improvement in the most superstitious religious denominations that exist in America? I believe that the administration of our courts is vastly worse than the administration of our churches! Lawyers are supposed to be officers of justice, but how they bewilder us, how they become advocates of injustice! One lawyer is always an advocate of injustice in every case that is tried. There are not many people who could afford to go to law. I am not impugning our judges and our juries, but they, with our courts and lawyers, are all parts of a system that grinds the souls out of them. Judges and juries are just as good in their way as preachers, manufacturers, or workmen are in their way, but look at any ordinary trial in our courts all through its weary length of one, three, four, sometimes five, ten, and even thirty years, and see how wicked and ridiculous it is to call that justice. As our greatest seer well says:

"Teach that each generation begins the world afresh with perfect freedom; that the present is not the prisoner of the past, but that today holds in captivity all yesterdays, to compare, to judge, to accept, to reject their teachings as these are shown by its own morning Sun."

"Let us wake and be ourselves; let us prove all things, counting nothing too sacred for our investigations, holding fast that which is good, that which is wholly good and nothing but good, until the progress of the ages that may become evil in its time. Let us be intolerant of the outgrown, and consume it utterly in the first of our compassionate purification.

"At what point has come into the lives of the great heroes of the past the power to influence men and to make history? It was when they were willing to step out of dead men's shoes, when they tore from their wrists the shackles dead men bound upon them, when they said, 'This draught of the fountain of truth is not full and fresh enough; we must come to the fountain

head, draw and drink for ourselves and our generations.' Today there seems a dread, dead level in art, poetry, music, statecraft, and religion (therapeutics also), in all their finer expressions — because we are trying to drink of the cup that dead men emptied and because we vainly try to look through their glassy eyes, to behold the visions that inspired them, failing to realize that our privileges are equal to theirs — that we may believe more, know more, love more, hope more, and achieve more, that we have a living God revealing Himself in living men, for the need and endowment of the living age.

“‘Let the dead past bury its dead,’ while we, indeed, act in the living present and endeavor to bequeath to our descendants better laws and customs than our ancestors gave to us, and with them the two great words FREEDOM and PROGRESS.”

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And is therapeutics better? Is not medicine today a basis of principle the same as was taught hundreds of years? Where has there been any revolution or house cleaning of old FUNDAMENTAL ideas to be replaced with modern? Is it possible all was known about art, religion, or medicine hundreds of years ago and we must reiterate, parrot-like, same today? Is it not possible that Chiropractic has been destined to change things along therapeutical line? We are starting a revolution that means the overthrow of the medical world and all that is accomplished is done by man in this so-called intellectual world, and when we succeed in making HIM better, physically, his product will be more successful, and with that a more paramount basis upon which to stand is the result.

We can do no better in getting out of “dead men’s shoes” than starting with the disease “rheumatism” and making a new basis for that one trouble; and with that established, another science which is of the present, based upon ideas good enough for the new generation to come, will have arisen.

Rheumatism may be broadly considered under two heads: muscular and articular.

By careful analysis of functions involved in each, we find that first is a combination of excessive heat and excessive muscular contraction (contractured muscles). Second includes abnormal expression of functions of caloricity and nutrition in capsular ligaments surrounding joints. Same combination in periosteum (excessive heat and lack of trophic) will produce condition known as necrosis. A different degree of abnormality of these

two functions in bone substance produces osteomalacia. Confined to laminae of bone in a slightly different degree, result would be osteosarcoma.

Let us work along the line of supposed-to-be "rheumatism". It starts with fever or excessive heat, running about an average of 101, and damage is not confined to any particular tissue in all cases. It may go into muscles or ligaments; it may make great chemical changes in bones. We may have lactic acid in one form of rheumatism and not in another. We will have cases in which there is no visible excessive heat. Some cases have a severe form of "neuralgia", and in others neuralgia will be a symptom. We have muscular rheumatism differentiated into acute or chronic; likewise osseous rheumatism, acute or chronic. We have cases where muscles are contracted and others where they are lax. Case might have acute or chronic form of rheumatic fever.

Above quotations contain no definite facts upon which to base our terms. They represent multitudes of ideas of multitudes of physicians, and these men with greatest of laboratories and great sums of money have accomplished nothing. There can be one conclusion: their bases are wrong. If they accomplish nothing exact upon the standard they have been working, we shall construct another foundation, build a new philosophy, and thereby reach an ultimate conclusion which will be exact and conform with NATURAL laws, within scope of good, logical, common-sense judgment; and then prove RESULTS. We wish to show something exact for our labors. There can be no question but that in these conditions we have a lack of ability of functions of body to be expressed in normal. There is no confining it to any one, two, three, or more places; it is in all parts of body at various times and places. One predominant condition in all cases is more or less pain.

Excessive heat is a necessary symptom. To grasp this condition, we enlarge upon what makes normal heat. Then we are capable of going into question of abnormal heat.

Let us roughly make up a gasoline engine. In cylinder is a shaft which runs up and down if it be an upright engine, or horizontal if it be the horizontal type. Placed in some convenient place is a gasoline tank. Gasoline flows from tank to engine, but meanwhile changes form. Liquid gasoline cannot burn. It must

be converted to gas. What is gas? An aeriform fluid. What makes gas? Converting liquid into fluid state thru some proper receptacle with specific ingredients. For this purpose, we have a carburetor. It has two openings — one to receive gasoline, other to inhale air in free state. Union of the two in proper proportions makes gas. There is one exit, by way of a pipe to cylinder head.

Placed nearby, yet in some out of the way place, are electrical storage, wet or dry batteries, or a dynamo. Union or connection between batteries and cylinder head is made by two wires, one afferent and one efferent. Transmission of currents is thru wires to cylinder head. Current abruptly terminates at spark plug, where there is an intervening space which is bridged by current jumping from one side to other, commonly known as spark plug. Jumping of electric spark ignites gas and causes latent energies to expand, thus liberating heat and force units, hence force, motion, and atmosphere friction are attributes that follow. Continued repetition of this work would mean continuation of heat. Rapidity with which this combustion takes place is what indicates amount of heat that is personified in mechanical device. Continued expression of motion drives motor into action hence auto or other instrument moves.

Another practical example can be cited with electrical studies. Motors and other electrical articles which express motion are sometimes burned out even tho machine be "cooled" by a water jacket. To produce resistance to passage of that current is to also do same. It will cause a hot box thru resistance of transmission and this is also another example of what will take place at time of pressure upon those nerves, which hinders transmission of calorific mental impulses.

These are two examples of where we get mechanical heat. We have same principles exemplified in every tissue cell in human body. Food (water and solids) after it has passed thru chemical changes, is equivalent to gasoline. In comparison, body is forming gasoline from natural foodstuffs. Food is transported to every tissue cell in body. Let this tissue cell be our individual motor engine. Serous circulation is conveyor of food (afterwards gasoline) to tissue cell. Necessarily, it must be conveyed in liquid form. In addition, this cell, during intervals, is its own carburetor. It receives oxygen carried by arterial circulation, and in this

cell mixes liquids (after relative food values have been withdrawn — urea) with oxygen and product is gas. So far we have engine, gasoline, oxygen, and product gas.

As yet we have no heat. Why? Because we lack one thing — electrical spark to set off this combination. In addition, we must have nerves to convey calorific mental impulses from brain to tissue cell. Brains are batteries; conveyors of currents are nerves, which are in a pair — one afferent and one efferent, same as wires. As soon as spark reaches cell it ignites gas and miniature explosion follows. Consequently, you have several attributes, motion and heat being principal ones. Cell expands and contracts. Amount of heat depends upon three qualities: sufficient urea (gasoline), enough oxygen, and batteries must be full of impulses and wires perfect in order to transmit them. Serous circulation bathes every tissue cell all the time. Possibility of lack of urea is proportionately smaller than any other abnormality. Conveyance of oxygen is a thing which cannot be interfered with due to complete anastomoses of arterial and venous supplies. Current of impulses CAN BE interfered with at any place along its path. It is in these that we find seat of trouble which will interfere with currents and make more or less heat.

In any gasoline engine, motion and heat can be increased by "advancing the sparker". To increase number of sparks per minute will cause engine to run faster; consequently make more heat. Same application can be made to man. Increase number of impulses going to any one or more particular localized tissue cells, and you increase heat in that region. Reduce number of impulses and heat is reduced.

Every engineer recognizes importance of keeping sparks in regular order consistent with work of engine. There will be adaptative fluctuation between day and night, but they will not retain that condition in excess at either time. Regularity means health. When engine refuses to run, engineer's first work is to inspect entire electrical part of engine. Connections are examined, sparker is tested, etc. That is what MUST be right. It is true gasoline and oxygen play their part in continuous whole, but prime mover is electricity, and that is the one that is out of order creating disturbance. Proportion of mixture will be as it should be if motion in that cell is normal. If it is not, go back to

flow of impulses for cause. Notice importance of impulses; they are first principle of human body, especially first in all consideration relative to heat.

If we retrace nerve from tissue cell to brain, it passes thru muscles, ligaments, etc., thru movable foramina between vertebrae, enters into composition of spinal cord, thence into brain. At intervertebral foramina, with bundles of other fibers, it fills that normal opening. A small margin of intercellular tissue is allowing its adaptation to motion of various vertebrae, allowing accommodation to various bendings and twistings. Suppose, by accident, you decrease, beyond normal, its size and shape; then that opening is occluded, nerves are compressed into smaller size and space, hence pressure exists upon them. Can you reasonably expect same quantity of current to pursue its onward path now as when they were open?

Function is expression that follows performance of current transmission that is able to and does reach periphery of its individual fibre. To produce light pressures and increase function is to increase adaptative expression; produce heavy pressure and reduce flow, is to make function less.

If pressure be light, temperature bounds up to 103, 104, or 105, and result is a fever. If area is large and instead of including one fibre we assume it involves many, and they go to right knee, all coming from one place in that spine, and these nerves are crowded so that impulses are flowing in excessive quantities and induce excessive combustion, result is excessive heat, tissue cells expand, knee is swollen. Physician diagnoses it "arthritis deformans." If he is honest, he will state "Its etiology is doubtful; therefore I am at a loss to know what to do because I know not what or where cause is; but I can relieve — that is, deaden local functions. I can desensitize feeling and hold its progress in check."

The PSC looks upon man much as E. T. Brewster looks upon the insignificant bean. In his article, we see much wisdom. He says:

"Most persons who own gardens, and many who do not, have wondered why it is that no matter in what position a bean happens to lie in the ground, as soon as it sprouts the little root turns down and the stem up. Once out of the ground, bean plant will find the pole. What is more, the bean will take the nearest pole and the stem will be straight until it reaches the support;

then it will begin to twine. Moreover, the bean like any plant will grow toward the light and if grown in the house will spread its leaves toward the window, and later, if turned about, will round its leaves into their old position. Altogether, the bean knows more than it sometimes gets credit for. "Of late years, a number of scientists have been studying the behavior of beans and other plants, and, though nobody yet knows all about them, we are able to explain several of these apparently purposeful acts.

"It has been discovered among other things that the bean does know up from down. Stem does not simply grow toward the light, and the root away from it; for if the bean is planted in an inverted pot so that the soil is up and the air down, stem will grow up into the darkness and the root dangle down into the light.

"Moreover, it appears that in all plants, even in largest trees, all green parts of the stem and twigs have this feeling for direction. For if the bud at the end of the shoot which should grow straight up is removed, a lateral bud, which naturally would become a horizontal branch, will turn vertically upward and become the leading shoot. On the other hand, the direction in the root is confined to the tip alone. A root, unlike a stem, does not grow at the end, but at a point just behind it, so that there is a sort of cap on the tip which is pushed forward by the growth. If then the tip of the root is amputated, the root will keep on growing as before; but it will no longer grow down. Instead, it seems to lose its way and wander about aimlessly, growing in one direction as well as another.

"By this same root tip, it is worth remembering, the growing root feels its way through the soil, and when it encounters a pebble, turns aside and grows by. For the roots, and the green parts as well for that matter, do not usually grow forward uniformly or continuously. Instead, each rootlet advances its tip by perhaps the thickness of a sheet of tissue paper, and then draws it back again. In general the retreat is over a shorter space than the advance, so that the difference is permanent growth. Often, however, this amounts to less than a quarter of the whole movement. If now the root tip as it extends touches a solid body, it impresses this fact upon the growing region just behind it, with the result that the next minute's advance is in a slightly different direction. With five or ten of these extensions or retractions each minute, the root soon discovers the space between two particles and grows into it.

"If now we leave the root of the little bean plant to find its way through the darkness by its sense of touch and of direction, and turn to the stem, it is found that the latter has a more complicated problem. Not only must the stem grow up as the root grows down, but cling to objects as the root grows with a twist. This twist, as a stem a foot or two in length, bends over with its own weight, sweeps the vine through an ever widening circle a few inches above the ground. This circle may be two or three feet in diameter; so if there is a pole or other support anywhere in that space the bean will find it.

"It has been seen that when the tip of a root touches an obstacle, it draws back and turns aside. So also does the stem. If, however, it is the side of



the stem that touches, the turning is the other way; a property which, it has lately been discovered, is common to all plants. As soon, therefore, as any part of the growing vine touches the pole, it bends toward it and, continuing the same circular motion with the point of contact as a center, soon wraps itself around the support. Whether therefore a vine shall twine always one way, or always the other way, or in either direction indifferently, depends on the direction of the original twist in the growth.

"The bean, then, climbs the pole because the tip tends to grow up and the stem to turn toward whatever it touches. But the plant also arranges its leaves with reference to the direction of the light.

"In the bean the leaf blades come in groups of three. Where each of these blades joins the leaf stock, and also where the leaf stock joins the stem is a sort of cushion of soft green tissue; perhaps an eighth of an inch or so in length. These are the joints. At these the leaf does its turning, the region between them and the leaf itself remaining fixed like a bone. By this means the leaf slowly changes its position to suit the direction of the light."

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Individualistic study of Chiropractic proves its bases are linked around a philosophy. Philosophies are wrapped around personalities, as personalities are individualities, and it is the latter which think original ideas, thus lines of thots. Accumulative thots which are the product of that individual brain are what take on a character original to him, and thus philosophy is composed of thousands of ideas that are product of one mind, not many, unless others are so trained that they see the identical original basis and follow in exactly same way well grounded line of reasoning.

We could base a cycle by saying:

- brain of specific capacity along definite lines has capability to manufacture peculiar kinds of ideas;
- brain action continually takes place;
- creation of specific transformations is the result;
- ideas, thots, are PRODUCT;
- expression usually does follow creation with "cranks";
- peculiar expression is what makes the odd PERSONALITY.

Ideations are conceived as soon as enough thots of one kind can be linked together to make a conclusion in one channel.

Sciences are results of additions of many ideations, and are but branches of any assumed complete finished article.

Philosophy of Chiropractic is sum total of all such peculiar and odd ideas linked into and placed under one total for convenience in presentation to student's mind. These demand action; action moves the world. Take a particular brain and its particular product will be equivalent to a specific philosophy, in this instance known as Chiropractic. Mission of Chiropractic is to move the world — get out of dead men's shoes — which will be done when it becomes known and is appreciated by masses for its true value.

Upon this basis, Chiropractor starts with positive knowledge of causes as they have been mentally deducted and physically proven by the research and investigating work of that one odd and peculiar brain.

In conclusion, we might say: normal amount of current, normal expression in contractions of muscles — normal impressions — health is the interpretation at mind. Abnormal current, abnormal expression, contracted muscles, abnormal impressions, pain, disease — muscular incoordination. This will cover entire field of what is now called rheumatism; and instead of limiting it there, it will assume any phase of any disease in man's body.

Chiropractor cares little as to whether it is one type or another. He has no time to waste as to whether more prominent in males or females, for even after that knowledge has been gained CAUSE in either sex remains the same. Knowledge gained is of no value, hence time consumed in studying it has been lost. What matters it whether muscular incoordination is in this or that muscle, involves one or one dozen fibers or bundles, in leg or arm, fore or rear part, etc. without end? Significant feature to Chiropractor is to know locality of vertebral subluxation which is quickly found and corrected.

M.D. looks for and finds symptoms. Chiropractor corrects cause.



## CHAPTER 15

### The Story Of MARCUS BACH

This "story" is written as of May 20, 1951. It contains information leading up to Marcus Bach's speaking appearance at Lyceum this year. As this comes in last week in August; and as he has not yet spoken; and as this book goes to press in June, to be out FOR Lyceum this year, we cannot print here his talk. It will be our intention to print it in full in another book to be issued in 1952, to be ready for Lyceum that year.

In a printed form letter issued to our profession in March, 1951, we had this to say re Marcus Bach's qualifications to intelligently and from experience discuss the issue involved:

"Some in our profession have tried to propagate the idea that Chiropractic philosophy is a 'cult' as tho this were a crime against interests of Chiropractic and mankind. The greatest American researcher into ancient and modern 'cults' is Marcus Bach, Professor of Religions, Iowa State University. He has asked to speak at our '51 Lyceum, reviewing our recent Volumes xxii, xxiii, and xxiv. He has researched and lived with the Trappist Monks, Hutterian communists, Doubkohors, Penitents, Voodoo of Haiti, Spiritualists, Bahai's, Pentecostal groups, Vandentists, Snake Handlers of Kentucky and Tennessee, and many others. Living with each of them he sought the constructive common denominator, and what made them tick. He lectures these subjects from coast to coast, border to border. He has written, 'They Have Found a Faith,' 'Report to Protestants,' 'The Dream Gate,' 'Faith and My Friends,' etc. He will tell, without restrictions as to what to say or how to say it, whether in his opinion Chiropractic philosophy is another 'cult' or a science destined to evolutionize mankind."

The following correspondence has passed between ourself and Marcus Bach. It speaks of what transpired BEFORE his talk will be delivered in August:

"To B.J.:

5/16/50

"It was mighty good to talk to you yesterday and I immediately dispatched a couple of letters to Canada in a move to adjust my schedule. Thank you for your spirit in this business. You know that I want to come if at all possible. After the Des Moines meeting Dr. Logan and some of the men asked me to speak at the St. Louis meeting in June. I said I would for I must be on campus until August 5th. And how a man can talk to ANY Chiropractic assembly without mentioning and paying a tribute to B.J., Ah don know . . .

"Ever,

"Marc."

December 11, 1950.

Dear Marc:

Noted you were in our village a few days back. Was tied up, or I would have looked you up.

What is your thinking for next Lyceum? Recall I suggested that a review of my books, much as you review the goods and bads in religions, would be typical and topical subject for our Lyceum group.

Lyceum is always held fourth week in August. Next year it will be between Sunday, August 26th, and Thursday, August 30th. This next year we shall have only TWO speakers other than our Faculty — Dr. John J. Martin of Davenport, on AMERICANISM, which is VERY timely, and you.

Wish you would let me know so I can arrange now, far in advance. . . . Shall await your answer.

Sincerely,  
B.J.

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Iowa City, Iowa, Dec. 15, 1950.

"Dear B.J.:

"No doubt somewhere along the big career of your life you have run into cycles that kept you from doing some of the things you dearly wanted to do. I'm just emerging from such a one. And the one thing I've wanted to do for months is write or call you.

"A speaking tour through the deep south, a couple of days with Gov. Thurmond at Columbia, S. C., a flying trip to the west coast, and the completion of a new book, FAITH AND MY FRIENDS, will no doubt explain the situation. By the way, B.J., this new book covers the Mormons, the Swedenborgians, the Vedantists, the Trappists, and Los Hermanos Penitentes down in New Mexico. I don't know what the institutionalized churches will think of it, but I like it and so will you.

"I am counting on the 1951 Lyceum. A talk built around your books it shall be and I'm sure you know that I'll try to do a job worthy of the eminency of the author! May AMERICANISM and PALMERISM walk hand in hand during the Lyceum days!

"You may want to turn some of the appended material over to your publicity department. Some's good, some's mediocre, but it is what I happen to have on hand here at home where this letter is being typed.

"Lorena (Mrs. Bach) and I leave tomorrow for Mexico where I will attend some Christmas ceremonies. Then we go to Central America and across to Haiti for another look-in on Voodoo. They are pressing me for a book on that both through the Bobbs-Merrill Company and also on a bid from The American Weekly. But, believe me, I have not forgotten about a book on B.J.

". . . I value your letters and look forward to the time when some of my writing commitments will be out of the way and I can come over for a long-looked-for talk with you in the city of Chiropractic.

"Ever yours,  
"Marc."

1/11/51

"Dear B.J.:

"Have often thought of you during the start of my Central American trip. Kindred experiences and many more have gone into your books and I better understand them in the light of my own excursions.

"I am in Guatemala at the height of the religious festivals. The spirit here is somewhat refreshing after my month among the seeming decadence of Roman Catholicism in Mexico. Wherever man lives, man worships. But if the outer decay of Mexico's churches is any indication of an interior disintegration, Mother Church is hell-bent in the land of the tortillas.

"Mail will catch up with me one of these days. I hope there may be a note from you. . . .

"Ever,

"Marc."

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April 23, 1951.

Dear Marcus:

As you know, the Chiropractic profession has been generally united on the principle, viz., that Innate within is the life within; it is the interference with this Innate between brain and body which causes disease in the body; it is the adjustment of the vertebral subluxation, as the interfering media between brain and body, which permits restoration of Innate IN brain to flow freely, naturally, and normally to and thru the body, which restores ease — health.

As you also know, the Chiropractic profession HAS BEEN and IS badly split into two groups on the practice — mixers and straights; regulars and irregulars; those who want to be ChiropracTORS, all ChiropracTIC, believing it an all-sufficient and all-inclusive and all-exclusive practice, who deny the necessity of anything but the adjustment of the vertebral subluxation to restore health, AND those who do not entirely agree with that all-complete principle, who think there should be a mixture of the medical principle of stimulating the inhibited function at the periphery of nerves, or inhibiting the stimulated function at the periphery of nerves, via medicines, drugs, treatments of multitudinous forms — in other words, trying to amalgamate two diametrically opposed principles and practices into one conjoint practice.

This division divided our ranks into two camps. Up until the past two or three years, there has been little split on principle. Of late, however, to further the irregular camp's objectives, they have begun to call the regulars "cultists", hoping by so doing to place a stigma upon the principle itself, by making it appear we are trying to adopt some fantastical, unprovable, non-demonstrable, hypothetical theory to support our contention of the correctness of the simple method of practice.

Webster's Unabridged Dictionary, under "B", defines cult as follows:

"Great or excessive devotion to some person, idea, or thing, esp. such devotion viewed as a sort of intellectual fad or as the en-



thusiasm of a body of self-constituted admirers or followers; as, the Browning cult."

Even those who offer a premise AGAINST our "cult" are in themselves advocating a "cult" in rebuttal. If WE ARE a "cult" in the true sense, then they also ARE a "cult" in denying OUR "cult." So, after all, it becomes a question of which "cult" is the more reasonable, logical, and practical, and which works more reliably to the betterment of man.

The thing I am asking you to present to our Lyceum is whether we, in advocating OUR "cult" are practicing a "cult" in the sense our opponents try to represent us to be; and whether there is more or less logic in our "cult" as against theirs.

We assume you have read our writings and know whereof WE speak. If you can imagine the derision, contempt, scoffing he presents in trying to make it appear that we are establishing an unfounded, ungrounded, fantastical religious "cult", then you know what we are opposing. No where in any of my writings will you find anything taking on any appearance of a religion, other than to acknowledge as fundamental a Universal Intelligence, call it God if one must, which is personified in man as a Unital Innate Intelligence; one of which is all intelligence, all powerful sufficient for the Universe, the other of which is all intelligent and all powerful sufficient unto the unit, be that unit man or animal, insect or tree, etc., as exemplified in any, every, and all LIVING objects.

In reviewing our subject, as we believe, you can and will make a supreme ten-strike, a home run, a hole in one, to our people, when you review the subject before our Lyceum. Here you should speak to approximately 5,000 people from every state, province, and some foreign countries, which will enhance your value as a presenter-of-issues and as a speaker in demand greater than before; make a telling blow against our professional enemies, without losing prestige — in fact, enhancing it.

As I told you before, I want you to feel free to speak as you think. I offer this suggestion as a background to increase your understanding. I wish you to accept or reject it as you think facts warrant.

I am looking forward, as our profession is, to one of the finest and most powerful elucidating talks we have ever had at any Lyceum. We look forward now to August 28th with eagerness and enthusiasm for the great good we know you will do our work and increase the strength of the convictions of that side which you believe right.

Sincerely,

B.J.

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May 5, 1951.

Dear Marcus:

I don't know how far, or whether at all, you want to get into this philosophical or scientific controversy of whether the Chiropractic philosophy is or is not a "cult." My last letter to you raised the question. So far as WE are concerned, and to many in our profession, this IS a vital issue.

To further enlighten you, I am quoting extracts from the NEWS BULLETIN issued by THE DOMINION COUNCIL OF CANADIAN CHIROPRACTORS, April, 1951, bearing directly upon this question. You will note they are on THE OTHER SIDE of my views. They refer to it in questionable terms, etc. Anyhow, the quotations speak for themselves.

Use your own judgment as to how far, if at all, you want to go into it in your talk at Lyceum. It seems as tho you have a direct lead for a masterful talk that will hit square and please OUR people at Lyceum, no end.

Sincerely,

B.J.

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Extracts from NEWS BULLETIN issued by THE DOMINION COUNCIL OF CANADIAN CHIROPRACTORS, April, 1951:

"At the state convention this year I had an opportunity to study the recent graduates. The high character of all was very evident. They should be a credit to any profession. They were well oriented socially, and if one did not discuss chiropractic he would find them no different from other college students. When discussing Chiropractic one found a wide divergency in their basic concepts and attitudes. As far as their basic concept of Chiropractic was concerned, they could be divided into two main categories. Those who were products of the cultist method of education had a certain, fixed concept of disease and its remedy; those who were products of the free education method felt that the nature of disease and its remedy could be determined only by unprejudiced examination of each patient. Those having the cultist concept could be subdivided further according to the particular fixed concepts with which their colleges had indoctrinated their minds.

"Had these young men graduated in any other field of endeavor, with the exception of religion, all of them would have been in agreement upon basic principles. But as chiropractic graduates they were soon to find that there was something different in both their own education and profession than is found in other fields of endeavor. They would soon find out that those who were graduates of free educational institutions have a common purpose and method and that regardless of what college they graduate from they work well together. With such basic divisions among the chiropractic graduates it is impossible to develop any unity in the field or any program for chiropractic progress. In time, of course, many of these cultist graduates will free their minds from prior authorities and decide that the cause of disease and its remedy is where and what one finds it to be after complete examination of the patient. But it sometimes takes years to free the mind and speaking as one who has undergone the process of re-orientation I can assure you that it is no easy task to free one's mind from cultist indoctrination, and there are many weak moments during the transition.



"Here in Montana most chiropractors are of the free science concept. Those of us who did not have the privilege of free education have re-oriented our thinking. We work well together and have made considerable progress as a profession. We wish to continue to build up our profession. We do not want graduates of cultist education to enter our state because it requires years for them to be re-oriented to the free science concept which is necessary before they can be integrated into and become of the value to our purpose. To force them upon us works a hardship upon both themselves and us. Since they are victims of a damnable system of education, we, too, fall victims to the same system through no fault of our own. Thus, the cultist school with its cultist method of teaching prior authorities imposes the problems it creates on the field. It is a thing which must be stopped.

"The cultist concept prevents chiropractic scientific progress; it creates disunity and denies us public support, but by far its most vicious effects are upon the mind of the individual student. A free mind is any individual's greatest asset. This is especially true of a physician. From morning till night he uses his mind to investigate his patients' problems and to find their solutions. To arrest his mind with fixed, prior authorities and then send them forth to wrestle with his patients' problems is to me the equivalent of training a pianist and then paralyzing his hands.

"Unfortunately, our college-accrediting program has been of little value in solving the problem which cultist education creates. We, in Montana, would prefer to have a two-year graduate of a free educational course rather than a four-year graduate of one of cultist indoctrination. Indeed, if we must have cultists we would rather that they had only two years of indoctrination so that they may find it easier to free their minds. How futile it is to demand a certain period of education and permit much of that time to be utilized for arresting rather than developing the mind. Certainly, if our accrediting system is to be of any value it must face this situation squarely.

"It is far past the time when the leaders of chiropractic education and organization must stand up and be counted as to their position on the question of cultist indoctrination. There are too many innocent people in chiropractic who fall victims of the terrible consequences of the present situation to permit it to continue any longer. What are we going to do about it?"

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"Because the original chiropractic movement was based upon the cultist system I shall explain its nature first. Under this system there is a central, preconceived idea or group of ideas which serve as a fixed, prior authority. The basic purpose of the whole movement is to put this idea or ideas into effect. This preconceived authority usually takes the form of a creed or a philosophical teaching or doctrine which sets forth a particular objective and the specific methods by which it is to be attained. Since this method includes a fixed concept of both the cause and the solution of a problem,

free investigation cannot be a part of the basic cultist method because even if it should reveal facts contradictory to those held by philosophical creeds or doctrines, no recognition can be given them since one must adhere to the preconceived authority set forth in the basic doctrine or creed which serves as the foundation of the movement. It has been said that cultist education indoctrinates its students with fixed causes and remedies to accomplish a particular purpose and holds that the particular manner in which the purpose is accomplished is even more important than the fact of accomplishment. Science, on the other hand, educates its students regarding the nature of the problem but proposes no fixed remedy. Rather, it encourages students to seek the proper solution by free investigation, finding the authority within the problem itself. Thus, it can be said that the cultist practice method is based upon a preconceived, ideological authority requiring that the patient's problem be fitted to this fixed, practice plan."

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"The empiric system is a good system. It is a free system which bases its method upon experience and has for its central core a given purpose which it strives to fulfill by any practice method which experience seems to dictate as being the best. It has no doctrine or creed which one must follow, nor does it favor any particular methods of accomplishing its purpose. If it finds by experience that a ten-cent gadget will accomplish a given purpose better than an intricate mechanism, the gadget will be accepted. If someone else has a method which has promise it will be freely tried, and if the experience seems to have a happy ending the method will be accepted for a time at least, or until further experience finds something better."

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May 12, 1951.

"Dear B.J.:

"Your letters were forwarded to me during my speaking swing through southern Indiana and Kentucky. They were too important to be answered on the run. The issues you present are vital and I can well see that they must be incorporated into my Lyceum lecture.

"I was particularly grateful for the excerpts from the NEWS BULLETIN of the Dominion Council of Canadian Chiropractors because Dr.-whoever-he-is who blew his top seems to have lost his head in the doing thereof. Obviously he falls into the sin incarnate of our time, i.e., diagnosing every event in terms of what he calls 'scientific progress' and perverting the dignity of the term and intention of 'free mind.' Then, in the same breath, he canonizes the 'physician' and makes him the center of a cult more vicious than the 'cult' he seeks to destroy. In other words, this poor deluded analyst makes the elementary mistake of thinking in terms of natural necessity and omits personal responsible existence from the destiny of man. A purely empirical and rationalistic interpretation of life has led the world to the devilish dilemma it's in and every honest, thinking man is protesting it. Man is only known as a responsible being when he is seen in his relation

to God (let us here say Innate) and then only. If the cultist accusation is premised upon the notion that the best chiropractor is one who 'has no doctrine or creed which he must follow' I should think it is time that some honest-to-God cultist comes along with a messianic message to the contrary! If, as the dominion discourser says, 'experience lets one use a ten-cent gadget if it will accomplish a given purpose better than an intricate mechanism,' some fellow with a strong jaw can also be justified for opening cans with his teeth and call it a right good empirical method!

"You know, I'm sorry that the word cultist has such a sting connected with it. Cultists have always seemed to put the wheels of civilization back on the track long before Jesus. My feeling about the empirical mixers is pretty clear. They are those who live in the outmoded concept that whatever is new is naturally good and what is empirically right for one is right for all. They apparently have never heard that we are living in an age when cooperation without compromise IS possible where men of integrity are concerned, nor do they know that what they call emancipation from a proved and central authority is the device of their own destruction. Naturally they are already well on the way to selling out to the interests they once condemned and even the glaring warning of what has happened to osteopathy fails as a danger signal. The fact of the matter is that when I spoke in Kirksville recently (State Teachers' College) and a friend took me through the osteopathic school, some of the professors there already expressed the feeling that today's osteopathic science is but a mutilated expression of what it once was and of what it might have been. Mixing, like atheistic philosophy, (the good life without an absolute) would seem to be another monumental chapter in human egotism.

"That word 'cult' means more than even Webster has to say about it. Who was it said, 'When words have lost their meaning, life alone speaks?' I sometimes think it might be a sizable idea to throw the word back into the accusers' ranks backed by some good sound historical evidences that human progress no less than scientific progress has gone forward through the lives of those who saw in it as much glory as stigma and fully as much honor as derision.

"Ever,  
"Marc."

May 15, 1951.

Dear Marcus:

Your letter of May 12th received, read with much gratification because it is plainly evident you HAVE grasped the BIG idea, the IMPORTANCE of that fundamental, and can and DO clearly differentiate between the two and one from the other. Your mind is keen, analytical and understanding. Would that I had as much.

The difference between a "cult" and a "science" is that a "cult" is mental with no matter; a "science" is matter with no mental. Chiropractic unites the mental AND matter and makes them work together. Chiropractic therefore is, strictly, neither a "cult" NOR a "science."

The "cultist" separates the mind FROM matter and makes a totality out of it. The "scientist" separates matter FROM the mind and makes a totality of it. As well say electricity, by itself, without a globe, can and does produce light; or, a globe, without electricity, can and does produce light; each by itself being a whole state of reality. The "cultist" theorizes, "believes" and has "faith" and under that mental state CAN "believe" and have "faith" in anything he cares to "believe" or have "faith" in. He can "believe" God made the world in six days if he has "faith" enuf. Or, he can "believe" the moon is made of green cheese if his "faith" is as great as a mustard seed. The "scientist" on the reverse, "believes" or has "faith" in nothing but that which comes within the purview of physical materialities, such as he can weigh on a scale, measure in a gallon jug, break down into physical properties as in chemistry, therefore MATERIA medica with physical properties compounded into prescriptions or operations.

Everywhere we are surrounded with sense knowledge of the unity of beings endowed like ourselves, both mind AND matter. Any LIVING object has never been divided into two SEPARATE abstract and concrete issues. Man has arbitrarily and empirically TRIED to separate them but has never succeeded in doing so. When they are together we are alive. When they are separated we are dead. Chiropractic starts with the concept that the two ARE together, MUST BE together, necessarily HAVE TO BE together to think, act, live, and be healthy. The evidence of the sages of the ages supports this contention. It is NOT NEW. It is as old as history, as true as every living object — be that man, animals, reptiles, vetgetables, or what have you. Everywhere we see intelligence at work flowing thru matter; the abstract PLUS the concrete, so that one as it flows thru the other makes the other move, act, and live. How anything can study the animate and inanimate and see any other conclusion is beyond me.

YOU have grasped that big idea as evidenced by your letter.

With your great understanding, I am sure you will make a hole in one, a ten-strike, and bring cosmos out of chaos in our profession. More power to your fertile mind.

Sincerely,

B.J.

## CHAPTER 16

### The Story Of "A FABULOUS FELLOW"

I met a wondrous man today  
A fabulous fellow they call B.J.  
Stout of heart and keen of eye,  
The kind who will either do or die.

A miller of life with a quiet laugh  
Who separates the wheat and chaff.

His home is a palace outwardly  
And yet he's as simple as ABC.  
Determined, instructable, kind little cuss,  
I suspect he laughs at the rest of us.

His friends are poets, painters and kings,  
But he'd rather talk about simpler things  
Like pocket knives or antiques rare  
Or why a barber has no hair.  
And all one can do is simply say  
He's a fabulous fellow, this B.J.

He had us to dinner on Mother's Day,  
This fabulous fellow called B.J.  
And such a dinner I've never seen,  
Every woman was like a queen,  
Flowers and presents for every one,  
Even for Dave, our only son.

Shrimp is David's special treat  
And you should have seen that rascal eat.  
They just kept piling it on his plate  
And our eyes bugged out at the way he ate.

A tribute then to the mothers was read  
And many a tender tear was shed.  
I think we will always remember the day  
With that fabulous fellow called B.J.

Then he showed me his rare collection  
And spoke of each one with real affection.  
From China, Japan, Egypt, Tibet,  
The greatest collection that I've seen yet.  
And every one placed just as light as rain,  
And stupid me, like a silly goose,  
Even pulled one of the elephants loose.  
But it was a mystery to me  
Why an elephant lived in a tree.

And also, hanging close to me  
Was a most exquisite rosary.  
And when I asked him "What are these?"  
He simply muttered, "They're Japanese."  
They're two yards long, and I just wonder  
How in the name of lightning and thunder  
The Japs who must pray day and night  
Ever found time enough to fight.

But what I really started to say  
Was — what a fabulous guy — B.J.  
He's written more books than a man could read.  
He's made more money than Truman would need.  
And still he takes the humble stand  
A man canna' both be comfy' an' gran'.

He sticks convention on the shelf  
And says to a fellow, "Be Yourself."  
It's easy for him to be that way,  
This fabulous fellow called B.J.

It's hard to say if he's big or small  
But he seems to tower above them all.  
His portrait hanging near the door  
And orientals on the floor,  
Just seem to say "Be quiet, mouse,"  
These eyes can see throughout the house.

He told us all how much he missed us  
And invited us back again for Xmas.  
And as we said our last "Good-byes"  
I took a last look at those eyes  
And, after all, they're hard to see.  
I wondered what they found in me.

And as he wished us all good cheer  
I wondered where we go from here  
Or if we will ever forget the day  
We spent with that fabulous — B.J.

Pinky Tracy,

Mother's Day, May 13, 1951.

## CHAPTER 17

# The Story Of AN INVISIBLE GOVERNMENT

Printed originally in 1917

Reprinted as it was then, in 1951

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### TO WHOM IT MUST CONCERN

We are dedicating this story to the common citizen who is sick and wants health, whom we shall never see, to whom we would carry the message that he has certain inalienable rights; that statutes more than law determine what each of us shall have to enjoy; that government is his, by priority of majority, not by the present "Invisible Government" as a minority; that his individual rights, as a member of the mass, are greater than are the selfish rights of any physician, as a member of the American Medical Association.

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### HOW THE METROPOLITAN PRESS IS OPERATED TO DELUDE THE PEOPLE

"There is no such thing, at this date of the world's history, in America, as an independent press. You know it and I know it. There is not one of you who dare to write your honest opinion, and if you did you know beforehand that it would never appear in print. I am paid \$150 a week for keeping my honest opinion out of the paper I am connected with; others of you are paid similar salaries for similar things, and any of you who would be so foolish as to write honest opinions would be out on the streets looking for another job. If I allowed my honest opinions to appear in one issue of my paper, before twenty-four hours my occupation would be gone. The business of the journalists is to destroy the truth; to lie outright; to pervert; to villify; to fawn at the feet of Mammon and to sell his country and his race for his daily bread. You know this and I know it and what folly is this toasting an independent press. We are the tools and vassals of rich men behind the scenes. We are the jumping-jacks,—they pull the strings and we dance. Our talents, our possibilities and our lives are all the property of other men. We are intellectual prostitutes."—John Swinton, at New York Press Club Banquet, responding to the toast, "The Independent Press."



At the beginning, we assume that what we say will be misunderstood, misinterpreted, and that our motives will be questioned and condemned. This appears to be the ultimate result to every man who fights tradition, entrenched forces, or those who are self-satisfied.

Elbert Hubbard wrote "Who Lifted the Lid Off of Hell?" in behalf of the Germanic people; the mothers who gave up their sons; the daughters who suffered in silence; the race which will suffer for generations to come — those were the people he thought of. Yet, no sooner was his thoughtful communication published, in which he condemned the Germanic-origination-of-war and suffered with the Germanic-people-who-paid-the-price, than he lost 10,000 subscriptions for his Philistine from the people he aimed to sustain, and in behalf of whom he offered argument.

We shall write against the American Medical Trust, in behalf of the sick people who are suffering because of their tentacles reaching too far. They can't get well at their own hands and they are not permitted to get well at the hands of others. It is *these* people we suffer with, it is for *them* we write. Our message is for the person who tries to help himself but finds a barrier, an impregnable wall between his feeble, single ambitions and the aggressive-multitudinous machinations of his trust. Meanwhile, while our heart is with the sick, there is a message bearer who can get face to face with those for whom we have a message — the Chiropractor. This information is given to the Chiropractor to carry on; to deliver to the legislator who makes the medical trust what it is. That we will be misunderstood we are taking for granted. That our message and facts will not be listened to or have due attention paid them, is admitted at the outset, therefore no one will be disappointed — but the sick person; and he, it seems, is always the goat of those who are in power and those who won't understand the bad use of good power. He is the innocent bystander who gets shot, while the right and wrong fellow aim at and miss each other.

Dr. George F. Butler, of Chicago, in an able address before the Mississippi Valley Medical Society, thus voices the protest of all intelligent and self-respecting physicians against the self-assumed censorship:

"It is monstrous for any man or set of men to forbid the use of any method, any instrument or remedy, or any treatment which in

the opinion of the attending physician promises success. I repeat, it is an insult to our independence and intelligence that we are not allowed to read any book or medical journal we please at any time or place, whether in a medical society or in the seclusion of our offices, to use any remedy we please, whether it be so-called 'regular,' 'homeopathic,' 'eclectic,' 'alkaloidal,' or 'proprietary,' or any method of treatment whatsoever, even though it smack of Christian Science or osteopathy, without being subjected to public ridicule and criticism by a few self-appointed 'authorities' and 'leaders' in medicine."

Writing, the other day, we touched on the vital phase of a vital subject when we mentioned "initiative," meaning thereby that a man would be just what that man was; you cannot change man's nature in floppers; neither can you make a rascal honest by a mere form of preachment of an hour; nor does a "conversion" of thirty minutes change the prostitute to a virtuous girl; nor does instantaneous "reformations" of drunkards make them teetotalers. Whatever is of that person is what will come forth. Education, advancement, change, growth, expansion — all are the questions of *time*, and time is slow.

Today a person is well; later he becomes sick with a tumor, rheumatism, cancer, etc. This change from health to disease was one of ungrowth. When sick come to you and you want to get them well, it is a reverse process; it will *take time* to unbuild tumor, cancer, etc., back to health.

There are some troubles that are acute — as to time, come quickly and go away quickly; these troubles are not always serious, or vital.

Mankind is also the same in his personal characteristics. He has an acute self and a chronic self. Acute self can whip with wind, sun, moon, and stars, but chronic self changes seldom, and when it does move, its action is that of all old and stable bodies, *very slow*.

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### "AN INVISIBLE GOVERNMENT." OUR DIAGNOSIS

Medical profession is one of those chronic conditions. Theory of medicine; giving of drugs; treating of effects; protection by statute to cover error and mistakes in diagnosis; these are inherent, deep under their hides; they are a chronic condition to their profession; product of 5,000 years. It is their initiative.

*Method* of changing a drug daily, performing another operation, trying another form of treatment — they are acute and change as rapidly as the hours; but the principle, hypothesis, motive, are 5,000 years old.

In Ohio, as elsewhere, are two professions — medical and Chiropractic. That which was 5,000 years chronic to medical profession tried to kill that which was twenty years acute to Chiropractic. It didn't kill readily. Then, that which was 5,000 years chronic to medical profession tried to meet with kindness that which was twenty years acute to Chiropractic profession — and twenty years fell for the 5,000 years. Medical profession succeeded in making some of Chiropractic profession believe that which was inherent, 5,000 years chronic, initiative, part of themselves could, did and would change within a summer to encompass the acute Chiropractic idea. Chiropractors fell for the imposture.

Condition here being portrayed would be similar, supposing we represented a thief and an honest man. Thief has been a thief all his life. Finally it came to that turn in the road where he could no longer thieve and get away with it; cops were too numerous; trials too expensive; jailing too tiresome; therefore, thief (not because of any change in his nature) calls upon honest man, represents himself as an honest man out of work. Because of sympathy the honest man takes him in, gives him a trustworthy job, only to find *that he falls back upon his lifetime initiative* and robs the man who befriended him. This is a parallel example between medical thief and Chiropractic honest man.

SPEAKING OF INITIATIVE, it might not come amiss to know the attitude of Carnegie report toward osteopathy as a method and osteopathic schools. If it should speak favorably of one and unfavorably of the rest, we could defend them of charge of prejudice. They assume their position is proof positive, if more be needed, but there is no attempt to be fair in this report of anything but "regular" medicine, and then only of those institutions which are of the PROHIBITIVE EDUCATIONAL TYPE.

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### "AN INVISIBLE GOVERNMENT'S" PRE-JUDGMENT

Following quotation is taken from pages 163-166. It speaks for itself of eminent unfairness of men who conducted "investigation":

"The eight osteopathic schools FAIRLY REEK with commercialism. Their catalogues are a mass of HYSTERICAL exaggerations, alike of the earning and of the curative power of osteopathy. It is impossible to say upon which score the 'science' most confidently appeals to the CRUDE BOYS or DISAPPOINTED MEN AND WOMEN whom it successfully EXPLOITS. 'In no case has a competent osteopath made a failure in his attempt to build up a paying practice. His remuneration, counted in dollars, will be greatly in excess of what he could reasonably expect in most other lines of professional work.' 'It is only fair to say that many of our graduates are earning as much in single months as they were formerly able to earn by a full year's work.' 'The average osteopath has a better practice than ninety out of every hundred medical practitioners.' 'A lucrative practice is assured to every conscientious and capable practitioner.' 'The graduate who does not make as much as the total cost of his osteopathic education in his first year of practice is the exception.' Standards, these concerns have none; the catalogues touch that point very tenderly. At the parent school at Kirksville, an applicant will be accepted 'if he pass examinations in English, arithmetic, history, and geography'; but if he should fail to meet these lofty scholastic requirements, he may be admitted anyway. In Massachusetts—the most homogeneously educated state in the Union—the Cambridge school diplomatically points that 'a diploma may be accepted or an examination be required if deemed advisable by the directors,'—the word 'is' being conspicuous by its absence; the Pacific College, 'chancing it,' finds that 'most make good.'

"Whatever his NOTIONS on the subject of treatment, the osteopath needs to be trained to recognize disease and to differentiate one disease from another quite as carefully as any other medical practitioner. Our account of the sect proceeds wholly from this point of view. Whether they use drugs or do not use them, while others do not, does not affect this fundamental question. Whatever they do, they must know the body, in health and disease, before they can possibly know whether there is an occasion for osteopathic intervention, and if so, at what point, to what extent, etc. All physicians, summoned to see the sick, are confronted with precisely the same crisis; a body out of order. No matter to what remedial procedure they incline,—medical, surgical, or manipulative—they must first ascertain what is the trouble. There is only one way to do that. The osteopaths admit it, when they teach physiology, pathology, chemistry, microscopy. Let it be stated, therefore, WITH ALL POSSIBLE EMPHASIS, that no one of the eight osteopathic schools is in position to give such training as osteopathy itself demands. The entire course is only three years. In so simple and fundamental a matter as anatomy—assuredly the cornerstone of a 'science' that relies wholly on local manipulation—they are fatally defective. At Kirksville the accommodations are entirely unequal

to the teaching of its huge student body. Hence the first year is devoted to text-book study of anatomy, part of the second year to dissection; at Kansas City they consider that the student dissects better if he has learned anatomy first; hence dissection comes in the latter half of the course, being completed just one-half year before graduation. The supply of material is also scant; the school had had one cadaver early in the fall and was looking ahead to a second the latter part of the winter. The Los Angeles College has a small room with five tables for a student body numbering 250; it solves the difficulty by giving separate squads two hours a week each. At Philadelphia the department of anatomy occupies an out-house, whence the noisome odor of decaying cadavers permeates the premises. Other subjects fare even worse. A small chemical laboratory is occasionally seen—at Philadelphia it happens to be in a dark cellar. At Kirksville a fair-sized room is devoted to pathology and bacteriology; the huge classes are divided into bands of 32, each of which gets a six weeks' course, following the directions of a rigid syllabus under a teacher who is himself a student. At Cambridge pathology comes in the last year. A professor in the Kansas City school said of his own institution that it had practically no laboratories at all; the Still College at Des Moines has, in place of laboratories, laboratory signs; the Littlejohn at Chicago, whose catalogue avers that the 'physician should be imbued with a knowledge of the healing art in its widest fields, and here is the opportunity,' has lately, in rebuilding, wrecked all its laboratories but that of chemistry without in the least interfering with its usual pedagogic routine.

"Nowhere is there the faintest effort to connect the 'laboratory teaching' with 'clinical osteopathy'; perhaps because no school has anything approaching the requisite clinical opportunities. Once more, their tenets are not in question. Much difference of opinion prevails among them as to whether they should teach everything or only some things; as to whether they may use drugs in certain conditions or must confine themselves wholly to manipulation for 'osteopathic lesions.' However, this may be, the osteopath cannot learn his technique and when it is applicable, except through experience with ailing individuals. And these, for the most part, he begins to see only when his prosperity begins after receiving his 'D.O.' degree. The Kirksville school (560 students) has indeed a hospital of 54 beds, of which, however, only 20 are in the wards, and practically all are surgical. Eight obstetrical cases were obtained in April and May of last year. The Des Moines and Kansas City Schools have no hospitals at all; the students see no acute cases 'unless the doctors can take them along.' The Pacific College has a hospital of from twelve to fifteen surgical and obstetrical beds, all pay; 'the students have no regular work at the hospital as there are so few acute cases; they don't see as much acute work as they should, but they treat everything.' The Littlejohn (Chicago)

has a pay hospital, of 20 beds, mostly surgical. The Philadelphia school, whose 'opportunities for practical work' are highly extolled in its catalogue, has an infirmary with three beds, occupied by maternity cases if at all; the Cambridge student must travel an hour or more to the Chelsea Hospital, a pay institution of from ten to fifteen rooms.

"THE MERCENARY CHARACTER of osteopathic instruction is nowhere more conspicuously displayed than in the dispensaries, designed in theory to turn a humanitarian impulse to educational account. The osteopathic schools insert a cash nexus: the patients almost always pay. At Kansas City students give treatment to patients who pay three dollars a month; those paying more are treated by the professors. At Kirksville two dollars a treatment is charged. The cases are mostly chronics, an instructor being present at the first treatment; afterwards, only if summoned. At Los Angeles the cheapest obtainable treatment is three dollars for 'examination' and one month's treatment before the class; at Des Moines the 'professor administers to high-priced patients, the students to others.'

"The eight osteopathic schools now enroll over 1300 students, who pay some \$200,000 annually in fees. THE INSTRUCTION FURNISHED FOR THIS SUM IS INEXPENSIVE AND WORTHLESS. Not a single full-time teacher is found in any of them. The fees find their way directly into the pockets of the school owners, or into school buildings and infirmaries that are equally their property. No effort is anywhere made to utilize prosperity as a means of defining an entrance standard or developing the 'science.' Granting all that its champions claim, osteopathy is still in its incipency. If sincere, its votaries would be engaged in critically building it up. They are doing nothing of the kind. Indeed, IN NONE OF THE SECTARIAN SCHOOLS DOES ONE OBSERVE PROGRESSIVE EFFORT EVEN ALONG THE LINES OF ITS OWN CREED. And very naturally; dogma is sufficient unto itself. It may not search its own assumptions; it does well to adopt from the outside, after forced restatement in its own terms."

Directly apropos of denial of these statements following quotation is taken from Toronto (Canada) Globe following a hearing before THE COMMISSION HEARING:

"Glyn Osler, K.C., who appeared on behalf of the Ontario Osteopathic Association, stated that the report was regarded by osteopaths as wholly misleading, and that MUCH OF THE EVIDENCE HAD BEEN GATHERED FROM JANITORS AND CARETAKERS.

"Dr. Charles Amsden, Toronto, who was a student at Still College, Des Moines, Iowa, in April, 1909, at the time Dr. Flexnor visited that institution, the equipment of which is adversely reported upon by Dr. Flexnor in his report, stated the college was, on the

contrary, splendidly equipped. Photos of the laboratories produced were identified. These showed the laboratories to be well equipped. Dr. Hornay gave similar evidence, adding THAT A STENOGRAPHER WAS THE ONLY PERSON WHO HAD BEEN QUESTIONED by Dr. Flexnor upon his visit to the institution. Dr. Garnet Elliott, Toronto, also a student at Still College at the time, denied the statement in Dr. Flexnor's report that the laboratories of that college were 'inadequate and disorderly.'

"Dr. Hornay and then Dr. Elliott, who have been students in osteopathic colleges in the United States, swore that Dr. Flexnor's criticism in many cases was inaccurate.

"'In one case Dr. Flexnor had only seen the stenographer,' said Dr. Hornay, 'and she taking him for a student, gave him certain information, but he failed to satisfy himself with regard to all conditions, even failing to visit an important hospital for treatment which would have shown him that adverse criticism was unnecessary.'

"Dr. Elliott, who was an osteopathic student in Des Moines, said that Dr. Flexnor's report had many inaccuracies, but when questioned on the bacteriological equipment he admitted that he was not in a position to compare it with other institutions as he had not seen them.

"With regard to that part of the report in which it was stated that there was not one teacher there on active duty, the witness stated: 'That is untrue, there were always at least six there when I was a student.'"

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Following affidavits from osteopaths who were in a position to know will prove above statements are untrue, misleading, prejudicial and prove the stronger that Carnegie report was fostered by motives not of scientific or true kind; neither were they interested in stating facts, but making "investigation" under guise of being true to misrepresent them.

Great Northwestern Telegraph Company of Canada

Los Angeles, Calif., February 11th, 1916.

Dr. C. E. Amsden, Apt. 312, Bloor St., East, Toronto, Ont.

Herewith affidavit requested State of California, County of Los Angeles. The undersigned, Harry W. Forbes and R. W. Bowling, being duly sworn, depose and say that they were president and dean, respectively, of Los Angeles College of Osteopathy in May, 1909, that no inspection of said college was made in that year to their knowledge or at any time by one Abraham Flexner or his agents; that at all times said college was open to inspection and that said Flexner could have learned the facts of said college by

such inspection; that his report as published in bulletin number four of the Carnegie Foundation is false in important particulars and shows by its general tone its entire lack of that scientific spirit which is essential to correct observation and trustworthy judgment in May, 1909. Such college equipment was ample in every detail for thorough and scientific teaching of every medical science subject; that the college owned forty-four microscopes and provided oil immersion equipment for each group of six students in bacteriology; that every necessary instrument and apparatus were provided for laboratory instructions in histology, pathology, bacteriology and anatomy; that the college dispensary was open to all applicants; that those who were able paid a small fee and the remainder (about one-half of all patients) were treated without charge; that all income was expended on the education of students; that no dividends were ever paid by said college; that the college occupied a five-story building and two floors of another building and in the fall of 1909 had completed a four-story surgical and obstetrical building. (Signed, Harry W. Forbes, R. W. Bowlin. Subscribed and sworn to before me this 11th day of February, 1916. A. B. Shaw, Jr. (notarial seal), a notary public in and for the county of Los Angeles, state of California.)

R. W. Bowling, 314A.

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I, ARTHUR M. FLACK, of Philadelphia, Pennsylvania, U. S. A., make oath and say:

FIRST, That I am the Dean of the Philadelphia College and Infirmary of Osteopathy; that I was a member of the Board of Directors of the Institution during the year of 1909.

SECOND, That I have read the report published by the Carnegie Foundation and apparently written by one Abraham Flexner and purporting to be based upon personal inspection and examination of the Philadelphia College and Infirmary of Osteopathy. Regarding that inspection I beg to say that the examiner's visit of inspection was made in the afternoon after all the college sessions of the day were over and when all equipment and apparatus had been put away for the day. He did not meet any executive officer of the college or member of the faculty. His visit was without notice and the only person in the building at the time he called was the stenographer in the office. Nearly all the statements made in his report were the result of a few questions asked of the stenographer. He was in the building for but a few minutes, and his inspection was simply a walk through the halls, with a glance into the rooms as he passed through.

THIRD. The college, at that time, was equipped with a sufficient number of microscopes to provide one for each two students who were required to use them; in most cases, by working in sections,



each student had a microscope entirely to himself. Microscopic slides, ample for a thorough study of bacteriology, histology and pathology, were locked in the closets, as were the microscopes, and the inspector had no way of noting them, as the cases were locked. Our department of anatomy was supplied with skeletons, articulated and disarticulated, charts, manikins, etc., and had associated with it a thorough course in human dissection. Each student was required to dissect a lateral half of the human body, and the work was done not in a "stable" or outbuilding, but in a two-story brick and frame building, which, while it formerly had been a stable, was remodeled with a dissection room on one floor and a gymnasium on the other. A chemical laboratory was located in the basement of the building, was artificially lighted with ample light for proper work. I admit that the buildings were remodeled to suit college purposes, and that, consequently, they were not as satisfactory and desirable as though built for college purposes; but we were able to give the students a thorough course of instruction in all branches of osteopathic training. We consider it very unjust for an inspector to have called at a time when no one in authority was present who could demonstrate the real conditions of the institution.

(Signed) Arthur M. Flack.

Sworn to before me in the  
City of Philadelphia, in the  
State of Pennsylvania, in the  
United States of America,  
this sixteenth day of December,  
A. D. 1915.

(Signed) Lillian M. Hudnut,  
Notary Public.

(Seal)

(Commission expires Jan. 21, 1919.)

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I, C. W. JOHNSON, of Des Moines, Iowa, make oath and say:

1. That I am the Dean of the Still College of Osteopathy and (held the said office) during the year 1909. I was member of faculty.
2. I have read the report published by the Carnegie Foundation and apparently written by one Abraham Flexner and purporting to be based upon personal inspection and examination of the Still College of Osteopathy.

There was no inspection of this college made by the said Flexner. He did visit the college, passing hastily through the building and spending not more than twenty minutes in connection with it. He was in such haste that he would not give the secretary time to secure the keys from the several professors who had charge of the various laboratories.

3. The students of this college treat both acute and chronic cases under the direction of the superintendent of the clinic, and this is in accordance with the legal regulation of the local board of health. This college maintains an infirmary, the patients of which are treated by the faculty staff.

4. The statement in the said Flexner's report that "not a single full time teacher is found in any of them" (referring to osteopathic colleges) is not now and never was true of the Still College of Osteopathy. At the time of the said Flexner's visit four full time teachers were employed.

(Signed) C. W. JOHNSON.

SWORN before me at the  
city of Des Moines, in the  
State of Iowa, one of the  
United States of America,  
this second day of December,  
A. D. 1915.

(Seal)

(Signed) E. G. Richardson,  
A Notary Public.

County of Cook, }  
State of Illinois } ss.

Affidavit Chicago College of Osteopathy re Flexner's Report  
Carnegie Foundation.

James B. Littlejohn, being duly sworn, on oath deposes and says that he lives at 1426 West Monroe Street, Chicago, County of Cook, State of Illinois, that he is a duly registered and regularly qualified physician and surgeon, among others, in the City of Chicago, County of Cook, State of Illinois, U. S. A., that he is vice-president of the Chicago College of Osteopathy, a corporation in the State of Illinois, successor to Littlejohn College and Hospital, also a corporation according to the laws of the State of Illinois, known as an educational incorporation, that he was about 1909 secretary and treasurer of that corporation, and that about that time an inspection was said to have been made by the Carnegie Foundation and a report (Flexner's Report) made as the result of that supposed inspection; that at no time was any inspection made by any person representing themselves as such, so far as he knows, that his official position would place him where any such inspection, if made at all, or made openly should have been made with his knowledge and assistance; that any inspection so made was or could have been only very cursory and without due respect to the importance of the matter in hand; further, that any report made after such supposed examination was evasive and without due regard to existing conditions, and further, that the general statement made as to the mercenary objects (p. 214) of the corporation are untrue, and based

only on an opinion without any knowledge of the fact, as is evidenced by the fact that the corporation is entirely conducted according to the terms of the articles of incorporation, and the laws under which the incorporation was completed as being entirely "without profits."

He further states that all moneys derived for years from the incorporation, as well as large sums donated, have been used for the furtherance of the institution and the building up and improvement of the facilities for teaching and instructing students; that the institution is now and has been conducted as a scientific institution since its inception; that the highest standard of efficiency attainable is desired and, as the annual announcements show, students, with an efficient entrance qualification only, are accepted, and after an efficient and complete course of four years are allowed graduation.

Further affiant states that the Carnegie Foundation report was biased and without facts to substantiate it; that the Carnegie Foundation was without jurisdiction either to inspect or report on this institution; that their position was and is entirely self-created, and that no value is or should be attached to any such report or inspection; that at no time has the Carnegie Foundation either voluntarily or otherwise assisted or offered to assist either by suggestion or otherwise the carrying on or betterment of this institution.

He further states that this institution is now and always has been chartered in accordance with the laws of this State, and its actions are in conformity with and governed by the laws of the State of Illinois.

(Signed.) JAMES B. LITTLEJOHN.

Subscribed and sworn before me, a Notary Public, in this City and State, on this fourteenth day of December, 1915.

(Signed.) GRACE M. HASKELL,

Notary Public.

(Comm. exp. Apr. 15, 1919.)

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I, R. E. HAMILTON, of the city of Kirksville, Mo., make oath and say:

1. That I was the Dean of the Faculty of the American School of Osteopathy, Kirksville, Missouri, and held the said office during the year 1909.

I have read the report published by the Carnegie Foundation and apparently written by one Abraham Flexner and purporting to be based upon personal inspection and examination of the American School of Osteopathy, Kirksville, Missouri. The facts are as follows:

"Mr. Flexner spent about an hour in the institution on Saturday afternoon.

"His report of the school here was unfair, prejudiced, and grossly inaccurate. The American School of Osteopathy spends over seventy-five thousand dollars (\$75,000) annually for instruction. We have twelve professors, who devote their full time in the school. There are in addition twenty assistants, engaged in teaching, making a total of thirty-two professors and assistants engaged in school work proper. This does not include teachers in the nurses' training department. We have thoroughly equipped dissection rooms, with an abundance of dissecting material. Thoroughly equipped laboratories for teaching Chemistry, Histology, Pathology, Bacteriology and Physiology.

"The School Hospital is modern and well equipped in every particular. We have a very large Surgical and General Clinic, besides conducting a dispensary for diseases of the eye, ear, nose and throat, skin and venereal diseases.

"The estimated value of the School property, including buildings and equipment, is two hundred and twenty-two thousand dollars (\$222,000)."

(Signed) R. E. HAMILTON, D. O.

Sworn before me at the city of Kirksville, in the State of Missouri, one of the United States of America, this 3rd day of December, A. D. 1915.

(Signed) FRED GROZINGER,

Notary Public.

(My term expires January 23rd, 1918.)

(Seal)

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Quoting from page 158 of Carnegie Report, under caption, "Medical Sects," we note another evidence of utmost fairness (?) that non-sectarians hold out as a palm branch to sectarians:

"Once granted the possibility of medical dogma, there can be no limit to the number of dissenting sects. As a matter of fact, only three or four are entitled to serious notice in an educational discussion. THE CHIROPRACTICS, the mechano-therapists, and several others are NOT medical sectarians, though EXCEEDINGLY DESIROUS of masquerading as such (my, what a whopper!); they are UNCONSCIONABLE QUACKS, whose printed advertisements are tissues of exaggeration, pretense AND MISREPRESENTATION OF THE MOST UNQUALIFIEDLY MERCENARY CHARACTER. THE PUBLIC PROSECUTOR AND THE GRAND JURY ARE THE PROPER AGENCIES FOR DEALING WITH THEM."

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With this previous conception, well grounded and established, they assume a system of dealing with us. Can they be fair, hav-

ing previously made up their mind to what we are, what we do and how?

Evidence of this character, possible to be gathered, is without end, but that you might realize that it is widespread and deep-seated and that it actually is maliciousness based upon prejudice, let us bore you with more.

Following comment is taken from an editorial in The Canada Lancet of February, 1916 (page 241):

"If these people wish to treat the sick or injured, they cannot come forward and state that they wish to be ignorant of disease. When anyone comes forward and tells us that there is no need for bacteriology, or chemistry, or diagnosis, is to convict himself as fit for an asylum, rather than for the care of the sick."

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In same issue of The Canada Lancet appears an Original Contribution, "What the Irregulars are Asking, and the Attitude of the Profession," by R. A. Reeve, M.D. (whose testimony we have herein quoted before under The Commission Hearing), who is Professor Emeritus, University of Toronto.

In part his article says:

"To this very frank and explicit statement of creed and practice may we not add that in the opinion of the profession the chiropractic and his backbone should be ruled out; and that it would be a tragic travesty to legalize in this country such a burlesque of medicine.

"Our attitude towards irregular practitioners was shown years ago in the efforts of the Medical Council as trustee of the profession, to secure conviction in the courts against one and another trespasser. That it was thwarted in its repeated attempts in this behalf by a most narrow interpretation of the law, which sadly failed to reflect the usual breadth and acumen of the judicial decisions of our higher courts, we are only too conscious.

"Is there no lesson for the profession in all this, may one not ask? Has not diagnosis too often been at fault, and the knowledge of when and how physical therapeutics, e. g., should be brought into play been lacking or not utilized? What about massage, electricity, the X-ray, etc.? Is practical instruction in these matters as much in evidence as it ought to be? What is the remedy? Not osteopathy or chiropractic, nor, let me say, any MONGREL institution (as has been suggested) which would tend to put a premium on such HERESIES: The universities and medical faculties and hospitals, already

seized of the situation, can be the foundation-stone of treatment, and will find more money and men, and give greater facilities to meet these ends. And as to time, which cannot be made or bought, why, if it has to be let it be a six years' course."

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Following article appeared as an editorial in July, 1915, issue of The Ohio State Medical Journal:

"Every crook in Ohio who has ever tried his or her hand at medical quackery will be on the job this fall trying to wheedle from the State Board of Medical Registration one of the limited practice licenses authorized by the Platt-Ellis law. At the present moment indications are that they will have tough sledding.

"The medical board is on record as guaranteeing the practitioners of the cults a square deal. That does not mean, however, that the board intends to throw down the bars and admit to license every oily tongued fakir and bewhiskered ignoramus who seeks admittance. The board will see that those who are honestly practicing in a cult field, and are decent morally, are either licensed under the automatic provision of the law for those who have been at it for five years, or are given a fair examination as provided by the act. But the board will be grossly negligent if it does not carefully scrutinize every applicant, delve into his or her record, and sternly eliminate those who have proven themselves unworthy. The board owes it to the state as well as to the medical profession to act with extreme conservatism in this matter. The practice of the healing art is too serious a business, and throws the practitioner into too intimate a relation to the home, to take any chances.

"Of course, the board will be extremely careful. No one knows better than its members, and particularly its secretary, the character of the persons who have been illegally practicing those branches and hybrid therapies which the law deals with, who will be the most clamorous candidates for early recognition.

"Every member of the Ohio State Medical Association has a serious duty in assisting the board to weed out the undesirables. The Journal will publish a list of all applicants for limited practice certificates. The names will be printed several weeks in advance of the time when certificates are to be granted, and with the express purpose of giving our members an opportunity to file with the board information as to the character and past practices of the applicants. This information will be regarded as confidential by the board.

"This will be done to assist the board in its investigations as to character of the applicants. If a Chiropractor resides in your community, you are far more likely to be familiar with his character than an agent of the board, who is not familiar with local conditions. And do not, for a moment, think that the situation does not require

careful attention. Many 'quiz schools' are being conducted in Ohio at the present time for the sole purpose of bolstering up 'students' to pass these examinations. And there will be a grand scramble when the new law becomes operative, late in August."

Does that look like their initiative had changed much?

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On outside front cover, in most conspicuous place, in well arranged display type, of July (1916) issue of The Ohio State Medical Journal, which is "Owned and Published Monthly by the Ohio State Medical Association," appears following pungent statement:

"Because the Legislature has adjourned, do not think that our vigilance as a state organization may be relaxed for one moment. In September the State Medical Board starts the licensing of non-medical 'healers,' under the new Platt-Ellis bill. It behooves you to keep in touch with this work through the Journal, so that the board may receive complete information regarding those 'healers' residing in your county who may apply for licenses."

Think it over and see what this means. Will physician across the hall, whose business *you* have been getting, say a good word in your favor and endorse *your* application when he sees *your* name published in this State Journal? What is *his* initiative?

(Note. — As a student of medicine, scientifically and legally, historic and modern, organized and individually, political and non-sectarian, we can state within the reasonable authority of fact, that only once has a Commission ever been appointed to investigate all systems, therapeutical and non-therapeutical, to study their legal grievances and consider ways and means of amalgamating their differences into common solutions. Although a Canadian investigation, yet every vital health subject had its hearing and every leader of each nationally prominent movement was present to defend his science and its legal future. Chiropractic was represented, the writer being the speaker in their behalf. As this is the only investigation of its kind we know anything of within the past fifty years, or since there has been such tremendous strides in drugless methods, we naturally attach great weight to the solution advanced by organized physicians, especially in connection with outline of this lecture.

(This is officially known as "Royal Medical Commission. In the Matter of an Inquiry into Questions Relating to Education

for Practice of Medicine in or Affecting Province of Ontario, Canada, under and by Virtue of Chapter 8, of Revised Statutes of Ontario, 1914, entitled, 'An Act Respecting Inquiries Concerning Public Matters.'")

Terms of the Commission issued to Mr. Hodgins are in the following words:

"To inquire into and report upon all or any matters relating to education for the practice of medicine in or affecting the Province of Ontario; the constitution, powers, duties and regulations of any body, corporate or unincorporated, and of any faculty or department thereof having any relation to medicine, the exercise of the same and the revenue and expenditures thereof; the situation, legal or otherwise, of such bodies in regard to each other or to the Province; the establishment, creation, control and regulation of any new body intended to have relation to medicine; the existing or possible method of examining, licensing or otherwise authorizing the carrying on by individuals of the practice of any methods having any relation to medicine and the standard prescribed and followed or proper to be established and followed; the present positions, status and practice of osteopaths, dentists, nurses, opticians, optometrists, Chiropractors, Christian Scientists or others practising or professing medicine; the existing laws of Ontario in relation to any of the foregoing and their practical operation; any matter arising out of the foregoing which it is necessary to investigate with a view of the above inquiries."

Close affiliation between Canadian Medical Association and its subsidiary branches is identical to American Medical Association and its tentacles, and the two National Associations are interbound and intertwined so that it becomes, in essence, an *American* Medical Association in fact, probably best proven by common evils, interests and remedies suggested by Carnegie Foundation Report.

By way of interjection, as proof of statement in former paragraph, this quotation is extracted from an address delivered by N. P. Colwell, M.D., Secretary of *Council* of Medical Education of The A. M. A., as reported in A. M. A. Bulletin of January 15, 1916.

"MEDICAL RELATIONS WITH CANADA.

"The relations between Canada and the United States have always been most cordial. For several years the medical schools of Canada have been regularly furnished reports to the Council on Medical Education for publication with the statistics appearing annually in The Journal of the American Medical Association."



(This Commission began sitting upon these hearings October 16, 1915, in Private Bills Committee Room, Parliament Buildings, Toronto, Canada. All citations hereinafter quoted will be called "The Commission Hearing.")

Apropos of feeling of medical profession, and it is alike in Canada or the States, perhaps following quotations will be enlightening:

"Goldwin Howland, M. D., a member of the Legislative Committee of the Academy of Medicine, appearing before the Commission on November 3, 1915, said: 'In the ancient days of the medical profession it was thought and stated frequently that all dis-ease came from the liver. Today modern science has proved, and proved beyond all doubt, that the sources of dis-ease are manifold, and that it requires the greatest care to discover the cause in any individual case. Hence, we have such dis-eases as syphilis, due to a definite germ, with a great group of dis-eases produced by it; we have all the various forms of tumors; the types of worms and the growths they form in the body when they migrate; the infective dis-eases, such as typhoid, malaria, etc.; the tuberculous group; we have the dis-eases following poisoning by lead, alcohol, arsenic, and we have many other groups with like definite causes and definite results, worked out by scientists who have devoted their lives to this subject.

"Against this you have new cults, claiming in the face of all this science, that all dis-ease is of local origin, in some spinal displacement. It is the old question, years ago, of all dis-ease coming from the liver, and now from the spine. And it is simply an idea evolved from ignorance to enable the individual to escape the toil and work that is necessary to form a diagnosis.

"Again, in the large class of dis-eases due to infection, which some of the most ignorant of this class of practitioners do not believe in, a sign that points to mental lack of balance.

"I can truthfully say that I have never yet seen a single correct diagnosis made by my unlearned confreres; and apart from the serious errors that I could describe, but which I see no reason in detailing. I may add that I have yet to see one organic dis-ease of the nervous system which they have cured.

"It is unnecessary to prolong this argument, but let me recapitulate my remarks:

"(1) The medical practitioner is a highly educated man, trained to diagnose the cause and nature of dis-ease, and to deduce proper treatment, and in cases to carry it out.

"The irregular practitioner is an uneducated man as regards the science of medicine, and is only a technical agent in the treatment of dis-ease.'

"Dr. J. W. S. McCullough, representing the Provincial Board of Health before the Commission, on November 5, 1915, said: 'There is plenty of evidence that those in the province now outside the profession, but who desire to enter it by any easy and inexpensive route, have not received the qualification already referred to. The schools where osteopathy, manotherapy, Chiropractic and other creeds are taught exist only in the United States. There are none in Europe. The course of study is of the poorest character.'"

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That this initiative of our friend, the physician, is against us prejudicially rather than trying to be fair, is everywhere evident. February 7-8-9, 1916, there was held in Chicago annual meeting of COUNCIL on Medical Education.

Their feeling towards us is best shown in following quotation taken from The Chicago American of February 7th.

**"ATTACK OF QUACKERY.**

**"THE CONGRESS OPENED TODAY WITH ADDRESSES ATTACKING MEDICAL CULTS AND QUACKERY. Dr. N. P. Colwell of Chicago, secretary of the Council of Medical Education, CHARGED THAT ILLINOIS WAS THE STATE MOST PROLIFIC IN INEFFICIENT MEDICAL COLLEGES, WHICH LURE STUDENTS WITH GLOWING PROMISES OF QUICK DEGREES AND CHARM THEM WITH FASCINATING CULTS, ONLY TO TURN THEM OUT UNPREPARED.**

**"Both Dr. Colwell and Dr. Arthur Dean Bevan of Chicago, chairman of the council on medical education, who addresses opened the sessions, ATTACKED QUACK MEDICAL SCHOOLS AND SPURIOUS CULTS IN MEDICAL EDUCATION AND PRACTICE.**

**"PROFESSION'S BIGGEST PROBLEM.**

**"THE MEDICAL CULTS WITH VARIOUS 'ISMS' PRESENT THE BIGGEST PROBLEM BEFORE THE PROFESSION TODAY,' SAID DR. COLWELL."**

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That it is not intention of any organized medical body to concede there is anything good in any idea constructed upon a theory differing from theirs, is certainly paramount; that they will not even investigate before condemning is positive. That it is sufficient for them to legally, financially and educationally oppose solely because our hypothesis differs fundamentally from them is certainly beyond question by this time. If these men could be fair, look into, prove us logically wrong and then oppose, we could

offer no objection. That they are prejudiced, unreasonable, inconsistent, is more apparent the more we quote their official statements.

Take following quotation as another example. It is quoted from page 596 of the February 19th, 1916, edition of Journal of The A. M. A. under heading, "Annual Congress of Medical Education, Public Health and Medical Licensure," which was "Twelfth Annual Conference of the Council of Medical Education of American Medical Association."

#### "CHARTERING OF COLLEGES.

"Through the lack of an adequate check on the chartering or conduct of such institutions, a new and popular form OF QUACKERY has been established. This lack provides the easiest present day method of evading the educational requirements of the medical practice laws. Colleges and schools professing to turn out in a few brief weeks or months, by correspondence methods or otherwise, specialists in some branch related to medicine have been springing up in various states.

"The literature which they send out leads students to believe they will be prepared to treat human ailments skilfully. The students enter in good faith, pay fees usually larger than those demanded by the best medical schools, waste months or years of valuable time, and may go on for years before they learn how totally inadequate was the training furnished.

"The largest number of these institutions at present is found in Illinois, where conditions are especially favorable. Besides the two Class C schools which continue to exist, there are in Illinois colleges of osteopathy, chiropractic, chiropody, naprapathy, somopathy, physcultopathy, refraction, optics and a legion of others, most of WHICH HAVE FOR THEIR CHIEF INDUCEMENT ELEGANTLY PRINTED DIPLOMAS conferring the degree of doctor of this, that or the other.

"In Iowa a ridiculous situation exists, where several so-called chiropractic institutions have been chartered which, without adequate equipment, and with scarcely any entrance requirements, are turning out, by correspondence courses OR OTHER LOOSE methods, many of those who profess to cure all kinds of diseases by manipulation of the spinal column. These graduates, although 'made in Iowa' are not permitted to graze on Iowa soil (?), but go to states not having adequate legal barriers.

"THE GREATEST PROBLEM WHICH STATE LICENSING BOARDS ARE NOW BEING CALLED ON TO SOLVE IS IN CONNECTION WITH THE 'GRADUATES' OF THE DRUGLESS HEALING COLLEGES.

"In Ohio, a year ago, the chiropractors and several medical sects were clamoring for separate boards and the provision for lower educational standards than were required of physicians. To prevent the confusion which would result from the multiplicity of boards, an amendment to the medical practice act was obtained, placing THE CONTROL of all medical cults under the state medical board."

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It may possibly appear that we have searched records for years to gather multitude of evidence before you in this book. If you will kindly remember dates, as you read, you will understand this is all recent and only what has come to our desk. As we take only a very small percentage of possible medical literature, it will be seen that much we have comes from little we get. To get all medical publications and quote all apropos under these topics, would make this book an encyclopaedia.

Further sustaining last mentioned point, we find this comment on page 679 of the February 26th, 1916, issue of Journal of The A.M.A.:

#### "THE PUBLIC AND MENTAL FADS.

"In a public address given recently in Philadelphia (Old Penn Weekly Review, December 18, 1915), Dr. William Pepper, dean of the University of Pennsylvania, School of Medicine, thus calls attention to the manner in which the public are attracted by the various fads of drugless healing parading under HIGH-SOUNDING titles:

"From the existing medical schools we may expect a constant improvement. The ONLY MENACE to medical education in this country lies in the fact that the American public seem to fairly welcome each and every new brand of drugless healing. NO MATTER HOW ILLITERATE, HOW UNTRAINED in every branch of knowledge tending to enable them to diagnose disease, if these QUACKS but claim to be the exponents of a new cure our GULLIBLE public flock to their offices and often pay high for the folly. IF UNEDUCATED individuals are to be allowed to spend but a few weeks or months, or to take correspondence courses to acquire a sufficient knowledge of the latest variety of drugless healing to enable them to go forth and treat their fellowmen, while regular practitioners of medicine must have graduated from a four-year high school and then have spent one or two years in college and four years in a medical school, THEN DANGER IS NEAR, and medical education will still need reform."

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Point we are making here is that this fight against "irregular" is not in good faith. It is carried on with animus. Perhaps best

evidence is a confession of a man who was employed to carry on that kind of a campaign, who later repented and made his viewpoint public. Quotation which follows is extracted from Salt Lake (Utah) Telegram of April 10, 1916.

**"SMITH DROPS BOMB ON MEDICAL BOARD**

**"Special Agent Says Physicians Do Not Read Law Right.**

**"WORKS BOTH WAYS**

**"REFUTING CHARGE OF LENIENCY, HE DECLARES  
DOCTORS ARE AT FAULT.**

"What is practically a bomb shell has been thrown into the camp of the state board of medical examiners by C. Coulson Smith, special agent of the board. Smith, in his first report submitted since he took office, accuses various physicians in Salt Lake and other parts of the state OF MISINTERPRETING THE LAW AGAINST ILLEGAL PRACTITIONERS AS BEING SOLELY FOR THE PURPOSE OF FINANCIALLY PROTECTING THE DOCTORS OF MEDICINE, INSTEAD, AS WAS THE PURPOSE, OF PROTECTING THE PEOPLE FROM FRAUDS.

**"ACCUSED OF LENIENCY.**

"That there has grown up as a result of this attitude on the part of many doctors a strong feeling in favor of the chiropractors and against the medical board is plainly stated in the special agent's comments on his report. He explains that this is responsible for the many petitions in favor of illegal practitioners — some of them signed and circulated by well known citizens.

"Stung by his references to members of their profession, some physicians, and at least one member of the state board, have accused Smith of 'lying down on the job.' One even hinted that the special agent has been too lenient in his prosecution of chiropractors and others.

**"NOT TO PROTECT DOCTORS.**

"I am stating nothing but the plain truth, gentlemen,' Smith told the board members. 'It is a fact that many doctors I have talked with CONTINUALLY TALK ABOUT THE AMOUNT OF MONEY THAT chiropractors are taking in, and one physician even asked me to use my authority to "bluff" an illegal practitioner into giving back \$20 that a patient of the physician had paid this practitioner after his (the physician's) treatment had proved no good.'

"In defense of his report, Smith asserts that the law requiring all those who practice medicine to secure licenses from the state board of medical examiners is to protect the public from frauds—men without knowledge or ability to cure who might defraud the sick. HE DECLARES IT IS NOT—AS SOME DOCTORS HAVE ASSUMED—TO PROTECT THE DOCTORS' FINANCIAL INTERESTS AND STEER MORE CLIENTS INTO THE OFFICES OF 'REGULAR' PHYSICIANS."

Appearing before "Eleventh Annual Conference on Medical Legislation" of American Medical Association, as printed in A. M. A. Bulletin of March 15, 1915, was one Dr. Arthur Dean Bevan of Chicago. He beautifully expresses his animus and wonderfully extols his love (?) in following apropos language, which shows where freedom of thought, liberty of speech and progressive action would get off if he had control of steering lever:

"IF THAT IS TRUE, AND I BELIEVE IT IS TRUE, IT IS TO MY MIND IMPOSSIBLE TO MIX UP A SCIENCE SUCH AS MEDICINE WITH THE PSEUDO-SCIENTIFIC ROT THAT MASQUERADES UNDER THE DIFFERENT SECTS THAT POSE BEFORE THE PUBLIC AND ARE AS MUCH CHARLATANS AS THE MAN WHO SELLS A GOLD BRICK OR AS THE INDIVIDUAL WHO IMPOSES UPON THE PUBLIC SOME QUACK NOSTRUM.

"I DO NOT THINK WE HAVE ANY BUSINESS WITH THESE CHARLATANS ANY MORE THAN ANY OTHER SCIENCE MAY HAVE BUSINESS WITH SOME OF THE PSEUDO-SCIENCES MASQUERADING UNDER THEIR NAMES. I MEAN THE STAMP OF STATE GOVERNMENT SHOULD BE PUT UPON THE MEN WHO ARE FULLY QUALIFIED TO PRACTICE SCIENTIFIC MEDICINE.

"I BELIEVE THERE IS ONLY ONE OTHER THING WE SHOULD ATTEMPT TO SECURE, AND THAT IS THE ACTION OF THE POLICE POWER OF THE STATE TO CONTROL THE PRACTICE OF MEDICINE IN THE BROAD WAY OF PREVENTING INJURY TO THE COMMUNITY BY THESE PSEUDO-SCIENTIFIC CHARLATANS, SUCH AS CONTROL OF QUARANTINE, THE ORDINARY POLICE POWER THAT SEES THE MINOR IS PROTECTED AGAINST IGNORANCE AND CHARLATANRY.

"I THINK IT WOULD BE A GREAT MISTAKE TO IN ANY WAY MIX UP WHAT IS REALLY A GREAT SCIENCE WITH THESE CHARLATANS. I THINK IT WOULD BE A SERIOUS MATTER FOR AN EDUCATED PROFESSION TO ACCEPT FOR THE MOMENT ANY SUCH WORKING COMPROMISE, AND FROM THAT STANDPOINT, WITH ALL DUE RESPECT TO THE MEN WHO ARE VIEWING THIS MATTER IN A VERY BROAD WAY, AND ATTEMPTING A PRACTICAL SOLUTION, I BELIEVE THEY ARE MAKING A SERIOUS MISTAKE.

"In conclusion, I want to repeat, I believe that the correct position for us to assume and to take is that of demanding from the state some scheme by which we can determine WHETHER OR NOT A MAN IS QUALIFIED TO PRACTICE SCIENTIFIC MEDICINE WITHOUT REGARD TO ANY OF THE SO-CALLED SECTS OR SCHOOLS."

Dr. William H. Welch of Baltimore also vents his spleen in following language:

"There are two principles which have always guided us in the regulation of medical practice. One is an effort on the part of the state to secure a body of physicians scientifically trained. THE OTHER IS AN EFFORT TO ELIMINATE QUACKS. Quacks were with us from the beginning of time and will be to the end of time. There is no difference today. THE HIGHER THE DEVELOPMENT OF SCIENCE IN ONE PARTICULAR PERIOD IN HUMAN HISTORY, THE MORE QUACKERY FLOURISHED. That was so in the seventeenth century when the astrologist and other forms of quackery flourished far more than in medieval days. WE CANNOT ELIMINATE THAT."

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Discussing further question of animus and its initiative-birth from medical trust towards new ideas, let us digress long enough to again quote from Royal Medical Commission hearing which took place at McGill University at Montreal, Quebec.

First speaker is Dr. Lafleur, who is a Faculty Member of McGill University.

"PROFESSOR LAFLEUR: I should think, my Lord, from your own statements of what you believe the tenets of the chiropractors to be, it constitutes an absolute and distinct danger to society. THE FACT THAT ANY PERSON ATTRIBUTES THE ORIGIN OF ALL DISEASES TO SUBLUXATIONS OF THE SPINE IS CERTAINLY GOING TO PROVE A SERIOUS PROBLEM IN THE MATTER OF DIAGNOSIS."

Second speaker is Dr. Blackader, who is Acting Dean of McGill University.

"PROFESSOR BLACKADER: One can only express a personal opinion. I do not wish to convey to your Lordship the idea that I am speaking for my colleagues present this morning, still less for the profession in the Province of Quebec; but my personal view, to begin with, is that they start with a hypothesis — WHICH I REFUSE TO ACCEPT — and that is, that a great many human disorders originate from subluxations of the DORSAL vertebrae. I refuse to accept that as a hypothesis. I think I am right in that, Professor Armstrong?

"PROFESSOR ARMSTRONG: I quite agree with you.

"PROFESSOR BLACKADER: Where there is a hypothesis there is a fact.

"PROFESSOR LAFLEUR: And if that is the basis of their practice, if they attribute all or nearly all human ailments to that, I

SAY THAT IS A DELUSION, PURE AND SIMPLE. I do not believe that one should encourage people in this practice, when it is based ON AN OBVIOUS DELUSION, in as much as they may do very serious harm in very many cases.

"PROFESSOR BLACKADER: The question, to my mind, is: WHAT is the difference between an osteopath and a physician? Now we, as members of the medical profession, try to help our patient first, and the fee is a very small part. These men enter upon this branch of work with the sole idea of making money for themselves upon any fact which they can force upon the gullibility of the people. My own feeling is that we have no means of reaching the osteopath at all. If one of my patients comes to me and says he was told by an osteopath that he has this or that wrong with him, what can I do? As far as our particular tests go they show conclusively that certain patients who have come to us saying that the osteopaths had told them they were suffering from this and that disease were not suffering from that ailment at all. Now, I am only coming down to his level if I begin to discuss these questions with an osteopath, but what I do feel is, that every person who has to have anything to do with healing in connection with any physical disorder should have an efficient education, and if they have had an efficient education they can run into such lines. THEN IT IS UP TO THEM EITHER TO SAY THAT THEY BELIEVE IN WHAT THEY DO — IN WHICH CASE I WOULD RANK THEM AS FOOLS — OR THAT THEY DO NOT BELIEVE IN WHAT THEY DO — AND THEN I WOULD RANK THEM AS KNAVES.

"That may be a pretty broad statement to make, but that is my own personal opinion and feeling. I believe that every man who wants to practice these various forms of treatment should first have a thorough medical education, so that he may be in a position properly to treat those who want the services of an osteopath or chiropractor. By 'thorough medical education' I mean not the little essentials of the spine, but a broad foundation of medical knowledge, such as physics, chemistry, a certain amount of bacteriology, AND THEN, IF HE STILL GOES OUT AND SAYS THAT HE IS A FIRM BELIEVER IN THE VALUE OF OSTEOPATHY OR CHIROPRACTY, HE CAN ONLY BE CLASSED AS EITHER A FOOL OR A KNAVE AND THAT POINT IS NOT MY DESIRE TO DECIDE. I am simply expressing my personal opinion, and beyond that I have nothing to say. I do think, however, that the Government should demand that every person practising or proposing to practise the healing art should first have, as I say, an efficient course of training. How high that standard of training should be I do not feel inclined to say. We, as the medical profession, are putting it higher and higher, because we feel the necessity of it. Any man who professes to reduce subluxations of the spine will at some time come across some condition that is far more serious, and then death will result.



"PROFESSOR ARMSTRONG: I THINK THOSE OSTEOPATHS HAVE POWERS OF EVIL, AND THAT THEY SHOULD NOT BE ALLOWED TO EXERCISE THEM.

"PROFESSOR ARMSTRONG: WE WOULD NOT WANT THEM TO ADMINISTER THEIR PARTICULAR SYSTEM OF TREATMENT TO ANYONE WE WERE INTERESTED IN.

"PROFESSOR LAFLEUR: SOMETIMES IT IS A VERY DIFFICULT POINT TO DECIDE WHETHER IT IS IGNORANCE, OR WHETHER IT IS DOWNRIGHT DECEPTION — KNAVERY. Take, for instance, a case which more than one reputable physician has recognized as organic paralysis due to congestion of the main artery in the left side of the brain, causing complete half-paralysis of the body — the most formidable kind of paralysis — when you hear an osteopath say to the patient and to the patient's friends that he will have that man out on the street in six weeks, there are only two conclusions to be arrived at — either that it is colossal ignorance or knavery; because nobody has ever seen a case of organic paralysis get well in six weeks. It is an absolute impossibility. I was attending that case, and I gave it up when the patient's friends told me that an osteopath was going to accomplish a complete cure in six weeks. I said, 'Very well, I leave him to you.' THAT IS AN EXAMPLE EITHER OF IGNORANCE OR KNAVERY.

"PROFESSOR BLACKADER: YES, EITHER IGNORANCE OR KNAVERY.

"PROFESSOR ARMSTRONG: QUITE RIGHT."

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Prof. Ruttan is also one of Faculty of McGill University. His statement follows:

"PROFESSOR RUTTAN: I DO NOT THINK THAT THE TEACHING FACULTY OF ANY COLLEGE WOULD BE JUSTIFIED IN EDUCATING A MAN IF IT WERE KNOWN TO THEM THAT HE INTENDED, AFTER GRADUATION, TO START OUT WITH THE IDEA OF PRACTISING OSTEOPATHY, CHIROPRACTY, OR ANY OTHER IRREGULAR FORM OF TREATMENT. That is the way I feel about the matter. I think the origin of osteopathy and these other cults is due to a growing knowledge, from experience, of the value of massage.

"PROFESSOR ARMSTRONG: Yes.

"PROFESSOR RUTTAN: It was found at one time that massage was neglected. Now, under proper direction, massage has been found to be a most useful therapeutic means. THESE PEOPLE GRASPED THE IMPORTANCE OF THAT PERHAPS EARLIER THAN THE MAJORITY OF GENERAL PRACTITIONERS, AND THUS ACQUIRED A CERTAIN REPUTATION, WHICH THEY MAINTAIN TO THE PRESENT TIME. That is my view of the situation, sir."

Commission, after hearing from Faculty of McGill University on their attitude toward Chiropractors, and others, then went to Laval University, which is also located in Montreal, Quebec. All names quoted as speakers (except the Commissioner's) are those of Faculty Members of that University.

"THE COMMISSIONER: Now, gentlemen, if you do not mind, I shall be very glad to have your views on the other question — that is, as to the advisability of licensing those who are not known as regular medical practitioners, and whether it is desirable or practicable to provide for them a system of education which is something less than a medical student is required to go through, and then permit them to practice.

"PROFESSOR LACHAPELLE: I have no hesitation, sir, in expressing to you my own personal feelings with regard to that question. I am decidedly opposed to the question of licensing these people. I WOULD SAY 'NO' MOST EMPHATICALLY TO THAT. A MAN IS A PHYSICIAN, OR HE IS NOT. A man pretends to have a special natural gift, and says that he should be allowed to practise medicine — he may be an osteopath, chiropractor, or anything else — but I say 'No,' he should not be allowed to practise. I DO NOT BELIEVE IN HIS THEORIES AT ALL; HE IS A QUACK, NOTHING ELSE. He may be more clever than some of his fellow men, but personally I look upon them AS PURE QUACKS, and am decidedly opposed to their being licensed. EVERY ONE OF THEM SHOULD BE PROSECUTED. Unfortunately, there are some here in this province, and when we find them out they always are prosecuted. WE PUT THEM DOWN AS REGULAR QUACKS, NOTHING ELSE. That is my opinion of these people.

"THE COMMISSIONER: You think there is no alternative but to prevent a man practising unless he has gone through the whole course that a medical student is required to take?

"PROFESSOR LACHAPELLE: Yes.

"PROFESSOR LACHAPELLE: THEY CONDEMN SUCH A SUGGESTION.

"PROFESSOR GUERIN: WHEN I EVEN CONTEMPLATE THE POSSIBILITY OF THIS CLASS OF PEOPLE BEING PERMITTED TO PRACTISE IN THE PROVINCE OF ONTARIO, OR IN FACT ANYWHERE ELSE, IT REALLY MAKES EVERY FEELING WITHIN ME REVOLT, THE SUGGESTION IS OUTRAGEOUS.

"PROFESSOR GUERIN: With regard to the question of licensing these people to carry on all these different avocations — WHICH ARE MERELY DUE TO THE ABNORMAL MENTALITY OF THESE IRREGULAR PRACTITIONERS — I DO NOT THINK IT SHOULD BE TOLERATED FOR A MOMENT. For instance, if we

commence to license quacks we might just as well give up teaching regular medicine; we might just as well give up ever expecting to command the esteem and respect of the community at large.

"THE COMMISSIONER: IF IT IS SUCH ABSOLUTE QUACKERY, AS YOU INDICATE, HOW DO YOU ACCOUNT FOR THE FACT THAT THEY HAVE GOT SUCH STRENGTH, AND SUPPORT, IN THE AMERICAN REPUBLIC?

"PROFESSOR GUERIN: I quote, sir, the late Mr. Barnum—'There is nothing the people like better than to be fooled.' I think that probably is at the foundation of the whole question.

"PROFESSOR GUERIN: I CANNOT FOR THE LIFE OF ME CONCEIVE HOW PEOPLE ENJOYING ORDINARY COMMON SENSE AND REASON CAN EVEN THINK OF LICENSING THAT CLASS OF PEOPLE. I can understand any suggestion to make them nurses, BUT THE IDEA OF LICENSING THESE PEOPLE TO PRACTISE IN ANY BRANCH OF MEDICINE, WITHOUT FIRST HAVING THOROUGHLY QUALIFIED THEMSELVES, I CONSIDER PREPOSTEROUS. NO; IT WOULD BRING OUR PROFESSION INTO CONTEMPT, so that we should all be treated as being very much on the same level as they."

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As further evidence of lack of good faith, instances of which could be multiplied, let us weigh this:

(This extract is taken from p. 346 of July, 1916, "The Journal of The Missouri State Medical Association" — "Owned, Published and Controlled by Missouri State Medical Association.")

"Chapter X, Section 1. The Association recognizes and reiterates the principles LAID DOWN IN THE PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

"Sec. 2. It is unprofessional for a physician to recognize OR SUPPORT IN ANY MANNER any school of medicine; or any ALLEGED method of treating disease or injury, based on exclusive dogma or sectarian system or professedly limited to the use of certain methods OR DESIGNATED BY SPECIAL TITLES or otherwise REPUTED IN THE PROFESSION AS IRREGULAR. For a physician to consult with, exchange material benefits with, OR TO RECOMMEND OR SUPPORT A PRACTITIONER OF ANY SUCH SYSTEM IS UNPROFESSIONAL AND CONSTITUTES GROSS MISCONDUCT.

"Your committee recommends concurrence.

"It was moved by Dr. R. Emmet Kane that the amendment be adopted. Seconded and carried."

## "AN INVISIBLE GOVERNMENT'S" PROPOSAL

Medical man has tried for twenty years to kill us. Finding this is failing, *and for no other reason* (because we have successfully defended ourselves), he now tries to make friends with us, not because he thinks or is willing to admit that *he* is wrong or mistaken, or because he thinks *we* are right and he is willing to concede us some scientific merit, *but because he wants to get in with us, get our friendship and kill us from inside.*

In past twenty years we have builded a fort, strengthened its walls, deepened water trench surrounding it, kept portcullis up at all unguarded moments; therefore all assaulting has been without avail. He has learned the lesson we are self-supporting, making strength of his weakness, turning his defeats to our victory. Now the 5,000-years army outside our fort walls raises flag of truce, messenger announces that they concede they cannot starve us out or bury us alive; that they wish to make peace, and be friends with those they surrounded.

Now comes vital question. Shall we drop our portcullis, let them enter as our hosts, feed them on best we have; let all enter our fort who wish and may? Says the soldiers within the fort, "We are tired of fighting, we are hungry, threadbare and tired of muscle. We wish peace at *any* price." Says the general of the entrenched, "No good can come from this enemy within our ranks, his aim is but to get his numbers into our camp, turn traitor and slaughter us without mercy."

Whose judgment is better? That's the question. Ohio Chiropractors believe it better to let them enter our impregnable fort. Already the enemy is doing suspicious acts — prowling into places they have no business, insulting our people, restricting their privileges, domineering over their hosts.

We quite thoroly agree with President Wilson when he made following remarks in an address at Auditorium Theatre in Chicago, Jan. 31st, 1916:

### "GOVERNMENT BY 'EXPERTS' DANGEROUS.

"The spirit of every profession is different from the spirit of the community. I would not trust any particular business to any particular profession exclusively if it were the public business, because every profession that I know anything about has its special point of view." — President Woodrow Wilson, in an address at the Auditorium Theatre, Chicago, January 31, 1916.

That which appeared as a constructive initiative, to get into our camp, was but a temporary destructive subterfuge. After he got in, that which *was* his initiative was permanent condition but again manifesting itself.

When medical profession show and prove by their writings, medical meetings, standards, legislation, rulings, etc., etc., that they concede we are right, and this comes *as permanent initiative movement from inside*, then, and not until, will we be willing to agree to have anything to do with them in any manner, shape or form. But just so long as they get together every Wednesday night and discuss ways and means of killing us, and come to our offices on Thursday with a smile and a handshake and a good word and want to be friends, just that long will we continue to believe that *the permanent initiative* that comes from *their* inside outward is *still* evil, and their pleasantries and platitudes are not to be trusted because of a temporary legal fickleness.

When an overture is made to you by a medical man, in any form, look up his record, his medical association affiliations, his hospital connections, his professional associates, see what he says at their meetings and then see if what he says to you next day is to be trusted.

Who was Dr. Matson? What is his initiative? It is that of chronic treater of effects. He concedes nothing. Then what purpose is embodied in their proposal? It can be nothing but bad, because that which is of the man is bad; that which *is* the man is destructive for Chiropractic. When this man can show that what he has studied was tending our way; that what he wants to do is *to help humanity*, not rob them; when his activities are not along legal crushing lines against anyone, and towards helping everybody, *relieve the sick* — in other words, when Dr. Matson has a record *that is constructive towards changing of his initiative*, then it is time enough for him to make proposals of amalgamation to us, and not before.

Beware of dog! Stop! Look! Listen! Leopard does not change his spots instantly, neither does medical man reform or become converted from his dogmatism in an hour. It's a question of years of ungrowth.

Taking Ohio as our continued example, let us follow it briefly through its career, troublesome as it has been. Ohio possesses

about 250 Chiropractors. Back in 1913 they gathered and formed an Ohio Chiropractors Association. Purpose of this meeting was to unite forces, gather financial strength, elect a legislative committee, send them to Columbus and have them get thru *a straight Chiropractic Bill and Board*; one that gave Chiropractors full control of themselves from all angles. That was strongly the issue and no one present believed, wished, voted or issued money for anything to contrary. That's what members wanted; that's what they paid their money for.

As soon as legislature opened, above kind of campaign began. It opened for that kind of bill. Shortly after, tho, a secret policy was established, with legislative committee on one side and members on other. Former did not tell latter; other didn't know what was being done, how their money was being spent, nor could they get information by writing. Letters of inquiry were written by the score; evasive and very slippery answers were received in return. Chiropractors of Ohio seemed self-satisfied; at least they did not raise a protest, nor did they object.

At the winning period during legislative campaign, compromising Dr. Oswalt compromised with medical trust; it was worse than this, it was *a complete flop*. Nobody else in Ohio knew anything about it. Chiropractors were not consulted, nor was their advice asked, nor did they give their consent to have their money thus used. Dr. Oswalt did it by and through power granted him without consent of granting power. They sent him to do a *specified* thing; they gave their unanimous vote to get a *definite* result; they gave up freely of their money for a *certain* condition — yet, *without their consent*, he did the direct opposite, thus playing traitor to their interests, intentions and financial investment.

From time Ohio association was formed, and Oswalt appointed chairman, there began a secret policy. Chairman of legislative committee and members of legislative committee did not keep association informed as to radical right-about changes they were making. They kept them in the dark. All they said was "Send in your money, we need your money, mail your money." What are you doing? No answer, except "Send in your money, we need your money." What are you doing with it? "We are spending it for legislation. We need your money."

Three times did we warn Chiropractors of Ohio what was occurring. Three times did we write them letters to protest against this wholesale sale of themselves, body and soul, to medical trust. Three times did they, generally speaking, ignore our communications. Why? They wanted "a license" at *any* sacrifice. Thus what they have now fastened around their necks is fault of their lethargies and stupidities. They would write Dr. Oswalt, ask if what we said was true; he would write them some evasive letter saying "I will get you *a license* if you will but shut up," and they, wanting "a license," would shut up. All of this proves majority membership was as bad as their chairman of legislative committee.

As a fitting climax to this short but sad Ohio tale, we herewith want to quote from January 15, 1916, Edition of The Bulletin of The A. M. A. from the Minutes of The Council on Public Health and Instruction. Speaker was Dr. John K. Scudder of Cincinnati, Ohio:

"I was compelled to listen to several criticisms of the State Board of Ohio yesterday and today, and particularly last night, as to what the Ohio Medical Board is doing in regard to registering certain non-drugless healers. I think gentlemen ought to stop to consider some of the things they have been criticizing. The Ohio Board is not doing any more than it is called upon to do according to the law. OHIO DID NOT MAKE THE PRESENT REVISION OF THE MEDICAL LAW TO RECOGNIZE THE NINETEEN OR FIFTY-SEVEN VARIETIES OF NON-DRUGLESS HEALERS. WE WANT TO BUILD UP A HEALTHY, STRONG AND EFFICIENT SERVICE, AND IF WE ARE TO REGULATE THE DRUGLESS HEALERS IN THE STATE OF OHIO, WE WILL BE COMPELLED TO REGISTER FROM 400 or 500, AND, BELIEVE ME, IN THE FUTURE IT WILL BE ALMOST AS HARD FOR SOME OF THE NON-DRUGLESS PRACTITIONERS TO GET INTO THE STATE OF OHIO WITHOUT EDUCATIONAL QUALIFICATIONS AS IT IS FOR A CAMEL TO GO THROUGH THE EYE OF A NEEDLE."

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If you give medical trust power they are fighting for, they will use it; if you whip them to a stand-still, they will lie down and let you alone.

*There is no question before our profession more serious than legislation. There are many Chiropractors who understand Chiropractic, or they think they do, who know nothing about legisla-*

tion. Legislation should be put in gambling house, with faro, roulette, and "which-shell-is-the-pea-under," and other gambling ideas and devices. When you enter you can never tell what you will leave with. It is a gamble at its best, and all crookedness that lies submerged in hearts of Chiropractors and those who oppose us will trickle to front when they play for legislation.

Suppose at this table there were three card sharks. They know every card in the deck, know how to pull cards out of their sleeves, and know how to pull a gun quickly. We are a down-easterner, don't know how to use a gun and never have played a game of cards. We think we can whip those men at that game of cards. What chance have we? None. Majority of you know about as much in game of legislation. Some of us have been playing this game twenty years. For that time, we have kept our finger on legislative game pulse in every state. Twenty-five years ago, before Chiropractic was named, we began saving clippings, until today we have a scrapbook system state by state.

That this field of thought is serious; that it has given medical men as much or more trouble than it has us; that they have watched us grow, thrive and multiply upon their failures; that they have long regarded us as an evil to contend with, is apparent to any student of present age. They have dissected us and laboratorically examined our growth many times; they have even suggested legal specific injections for our bacteriological inquisitiveness. All of this is apparent by reading articles which follow:

First of these is an extract from article delivered by N. P. Colwell, M.D., Secretary of *Council of Medical Education of The A.M.A.*, and is reported in *A. M. A. Bulletin* of January 15, 1916:

**"MULTIPLICITY OF CULTS IN OHIO.**

"In Ohio, a year ago, the chiropractors and several other medical sects were clamoring for separate boards and the provision for lower educational standards than were required of physicians. To prevent the confusion which would result from the multiplicity of boards, an amendment to the medical practice act was obtained, placing the control of all medical cults under the State Medical Board. The utter absurdity of the clamor for separate boards and separate legal provision for these cults is shown in the fact that fourteen different medical cults have been specifically mentioned in this amendment; fortunately, another clause provided for 'ANY OTHER CULTS WHICH MAY HEREAFTER BE ORGANIZED.' The amend-



ment provides that all applicants for the license to practice under the various cults **HEREAFTER MUST COMPLY WITH CERTAIN DEFINITE EDUCATIONAL STANDARDS LAID DOWN BY THE OHIO BOARD.** From the multiplicity of drugless cult colleges which are springing up, it is clear that the Ohio board **IS WORKING OUT PROBLEMS WHICH ARE BOUND TO COME UP SOONER OR LATER IN EVERY STATE IN THE UNION** which has not established adequate legal regulation of such practitioners."

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That Chiropractor has been a problem is admitted by A. M. A. That we have been "greatest" problem they have to contend with was hardly to be expected. That we are a thorn in their side, in 1916, even after 10 years of their unrelentless warfare, hardly seems possible, but it does show people want what they want and get what they go after notwithstanding.

Dr. N. P. Colwell, in making his address before *Council* on Medical Education of The A. M. A., says, in The A. M. A. Bulletin of January 15th, 1916, the following:

"THE GREATEST PROBLEM WHICH STATE LICENSING BOARDS ARE NOW BEING CALLED ON TO SOLVE IS THAT IN CONECTION WITH THE VARIOUS MEDICAL CULTS. THIS PROBLEM IS DUE TO THE RAPID MULTIPLICATION OF COLLEGES AND SCHOOLS WHICH TAKE UP SOME PARTICULAR FORM OF TREATMENT, APPLY TO IT SOME HIGH-SOUNDING NAME, AND THEN, WITH VERY LOW ENTRANCE REQUIREMENTS, OR NONE AT ALL, AND AFTER ONLY A FEW BRIEF MONTHS OR YEARS OF INSTRUCTION BY CORRESPONDENCE OR OTHERWISE, GRANT DEGREES OF 'DOCTOR' OF THIS, THAT OR THE OTHER, AND TURN OUT THOSE WHO WITHOUT AN ADEQUATE TRAINING IN THE FUNDAMENTALS OF MEDICINE, NEVERTHELESS, ASSUME THE ROLE OF THE PHYSICIAN AND PRACTICE THE HEALING ART WITHOUT RESTRICTION."

#### "MEDICAL SECTARIANISM

"John Benjamin Nichols, M.D., Washington, D. C.

"The existence in the community of various schools and sects, flourishing and popular, each claiming to present a complete system of medical practice, is a vexatious condition constantly confronting the medical profession. The regular profession feels that scientific medicine, being grounded on rational and comprehensive principles, while far from perfect, possesses an entirely different status from that of the sects, and has unimpeachable claims to acceptance. The point of view of the scientific physician makes him unable to perceive any rational basis for sectarian dogmas, and the credence and support which they receive arouse his indignant amazement

and exasperation. It brings a shock to our self-esteem when we discover that the public does not accept us at our own valuation, but that in many quarters exist misunderstanding, distrust and antagonism against the medical profession. The experience of the profession in connection with legislative propositions on medical matters has brought a keen and mortifying realization of the extent and fervor of the opposition to medicine.

"When, however, we contemplate the zeal, enthusiasm and faith of the devotees of the pseudo-medical sects; when we consider the large numbers of their adherents; when we appreciate that their following comes from the most reputable, most substantial and most intelligent sections of the community—from the better rather than the lower classes of society—then we should begin to realize that these popular beliefs are not the product of perversity or wickedness or ignorance, but result from powerful causes deeply rooted in human nature. To ignore these causes, to deny whatever merit or justification the sects may possess, is to meet the situation ineffectively. In view of its manifest powerful hold on human nature, we should look on medical sectarianism as a psychologic phenomenon presenting a definite scientific problem, and study its causes, nature and manifestations in precisely the same dispassionate way as we would investigate any other pathologic condition.

#### "Psychology of Medical Beliefs.

"A consideration of the psychologic processes involved in the formation of human beliefs, especially medical beliefs, is essential to an adequate understanding of medical sectarianism.

"Theoretically, the formulation of beliefs is a function of the intellectual side of the mind. With perfect operation of the mental faculties truth would be elaborated with the unerring and unfeeling mechanical accuracy of an adding or calculating machine. That is the ideal method to be aimed at in the attainment of knowledge; beliefs so formed may be relied on as embodying truth.

"Unfortunately, however, the emotional side of the mind is apt to interfere with the proper working of the intellect, and disturbing influences are brought into action which pervert the judgment and lead to error in the conclusions arrived at. There are a number of powerful natural propensities inherent in human nature which influence and dominate human activities, such as the love of life, the sexual instinct, the love of action, the love of knowledge, the love of pleasure, and the love of beauty. These propensities also influence belief, those most potent in affecting the medical beliefs of mankind being the love of life and the thirst for knowledge.

"The love of life is one of the most fundamental and powerful instincts of man and animals. 'Self-preservation is the first law of Nature'; as a race indifferent to existence might easily become extinct, the instinct for self-preservation and the intense desire for life, constitute a biologic character of the highest potency in the perpetuation and evolution of the race. This somatic instinct—manifested as a pathophobia, the fear of disease, the dread of pain, the horror of death—is a primal element in human nature, constant and insistent in its action in normal persons and in its exaggera-

tion, one of the commonest manifestations of mental disorder. All our thoughts and actions are influenced by this instinct. Everything relating to dis-ease and its treatment is of the utmost interest to people in general, and invested with mysterious fascination; and the disproportionate and excessive concern of man in his somatic well-being is apt to have a disturbing effect on the formation of his medical beliefs. In his terror at the dangers threatening life and health, man will grasp at straws, and in his desperate eagerness for help and comfort, may form too hasty judgments and put misplaced confidence in specious and fallacious ideas.

"A similar influence is exerted by man's concern and anxiety for the well-being of his loved ones, by humanitarian impulsions and by the sexual instinct.

"An insatiable thirst for knowledge is another dominant trait in human nature. Just as a superabundance of physical energy or 'animal spirits' leads to exuberant physical activity, so does man's superabundance of mental energy lead to exuberant intellectual activity. The human mind confidently aspires to mastery and comprehension of the entire universe, and is reluctant to admit that anything is beyond its powers. Human nature is not satisfied with merely miscellaneous information, but demands a complete scheme of universal knowledge. It is impatient with gaps in knowledge, and insistent for completeness, certainty and finality. Our patients, for instance, demand of us immediate and definite diagnoses and prognoses. This eagerness for knowledge and impatience with the unknown is a powerful incitement to premature generalization and ill-founded assumption, and is a potent cause of error and fallacy.

"Taken in conjunction with the intense concern of man in his physical well-being, this demand for knowledge becomes pre-eminently potent in that particular field, and we have a concurrence of influences, which by leading to premature and uncritical judgments, has always been a source of incalculable error and falacy in the medical beliefs of mankind. There is no branch of knowledge in which error is so widespread and deepseated, or looseness and superficiality of thought so prevalent, or theorizing, amateurism, faddism and mysticism so general, as in the field of medicine. The generality of mankind is powerfully controlled by these influences in their medical and therapeutic ideas.

"On the intellectual side of the mind we can differentiate two distinct methods by which beliefs are arrived at, which may be termed the speculative and the scientific methods.

"The speculative method, by deduction, introspection and hypothesis, erects elaborate structures of belief or philosophy on slight foundations of fact. In this method the processes are essentially subjective, deductive and prior; the mind works from assumed cause to effect, from subjective thought into the objective world. Great thinkers in all ages have thus formulated complete schemes covering whole departments of knowledge or the entire universe, and have taken such pride in these brilliant creations of their own intellects, and have regarded them as so complete and perfect, that observation of Nature was regarded as superfluous and unnecessary.

"The scientific method works in the opposite direction from the speculative. It is objective, empiric, inductive, a posteriori in character. It begins with a study of external phenomena, and from them as a basis works out general laws. Rigidly suppressing preconceived notions and bias, this method, by painstaking observation and investigation, collects an adequate mass of objective data as a prerequisite to generalization.

"Of these two methods, the speculative is far more attractive, and has a much stronger hold on human nature than the scientific method; it is the primitive and natural method of the untrained mind, it the more easily satisfies the innate thirst for knowledge. Uncritical theorizers can easily bring themselves to believe what they wish to believe; scientists can believe only what the evidence permits or forces them to believe. The scientific method is tedious and laborious, and leaves many gaps in knowledge; it does not come naturally, but is a product of training, discipline and culture.

"The history of medicine is a convincing demonstration of the utter inability of speculative methods, and of the brilliant competency of scientific investigation to produce effective knowledge. For thousands of years, during the ancient and middle ages, medicine was completely under the influence of speculative methods of thought; and the sterility, stagnation and inefficiency of medicine during that long period is a convincing proof of the utter futility of those methods. On the contrary, within the brief span of the past hundred years, solely by the employment of the scientific method, medicine has undergone a wonderful transformation and made stupendous advances.

"While the medical profession has been emancipated from false methods of thought, the medical conceptions of the great mass of mankind are still dominated by the speculative spirit, futile as it is. It is this spirit that actuates medical sectarianism, and its attractiveness to human nature explains the strong hold which medical sects and systems have on the public. The sole distinctive characteristic of regular medicine, which alone gives it an unimpeachable status above and entirely different from that of the medical-sects, is its rigorous employment of the scientific method.

#### "Psycho-Therapeutic Results.

"Abundant evidence indicates that in some measure the medical sectarians obtain successful therapeutic results. This we may as well admit, and without reluctance; we need have no fear of the truth. A multitude of witnesses whose intelligence and sincerity cannot be impeached have given appreciative testimony of relief obtained from the application of the various medical systems. If we thoughtlessly or incautiously deny the possibility of benefit being derivable from sectarian practice, we stultify ourselves and weaken our own credibility, since persons perfectly competent to judge of their own relief from symptoms will, if that relief is disputed, regard other opinions of the objector as equally untrustworthy.

"Each sect attributes the cures wrought by it to the operation of its own particular principle. As each sect claims to be of exclusive and universal verity, if any one of them be true the theories of all the others are false.

The presumption, therefore, is that they are all false, and that we must seek the cause of the cures effected by such a variety of methods not in the virtues of any one of them, but in some other principle brought into action by all of them in common.

"The therapeutic agency, common to all curative systems, is manifestly the healing power of the mind—the *vis medicatrix mentis*—psycho-therapy. All forms of medical treatment of sentient patients necessarily bring this principle into operation, and in its action we have a simple and powerful agency which, in the main, along with hygienic treatment, explains whatever therapeutic efficacy the medical sects and all other forms of regular treatment possess.

"Psycho-therapy is, of course, likewise largely responsible for results achieved in regular medical practice, and the Christian Scientists and other sectarians at present are giving the medical profession a useful demonstration of its potency. Much that we have credited to the action of our drugs has in reality been due to psycho-therapy. The rational physician should feel no hesitation or humiliation in recognizing the large part mental factors play in his work; he should feel called on to study exactly the applicability and methods of psycho-therapy, and instead of employing it blindly and unwittingly, utilize it knowingly, purposely and systematically. Nor should we hesitate to acknowledge whatever debt we may owe to the sectarians for bringing to us a realization of the potency of psycho-therapy, since what we seek is the truth, regardless of its source, even if in gaining it we have to acknowledge and reject previous error.

"It is obvious that the accomplishment of cures in itself alone is no proof of the truth of any theory of healing. The most ignorant persons and the most indifferent methods may be efficient vehicles of psycho-therapy. The psychic efficiency of a system may, indeed, be quite proportionate to its falsity, since ignorance may engender an enthusiasm and fervor which the materialistic and skeptical physician is unable to evoke. Some persons are natural healers, endowed with innate ability to inspire fervid psycho-therapeutic faith. Many such are in the ranks of the regular medical profession, and may have a vogue and popularity disproportionate to their scientific attainments. Others arise from the laity, achieve an enormous influence and following, found schools with multitudes of adherents, and in spite of the error and harm in their systems, bring much relief and comfort to humanity.

"If psycho-therapy comprised the entire healing art, it would not much matter if the systems conveying it were based on erroneous theories; the main object having been achieved, sufferers gaining relief would not be disposed to analyze or criticize the source of their relief. Psycho-therapy is not, however, of universal applicability, but has its limitations. In the employment of this or any other single agency in that class of cases in which it is not applicable, to the neglect of the methods that would be effective, lie great possibilities of harm and the fatal objection to dogmatic medical systems. The conditions amenable to psycho-therapy cause much mental and physical discomfort and unhappiness, but little mortality

directly; while the conditions not adapted to mental treatment include the graver disorders that menace life, and, therefore, call for the most expert treatment possible.

"General Characteristics of Medical Sects.

"From a comprehensive consideration of existing and extinct medical sects and systems we can form a general judgment of their common characteristics.

"All of them alike are the products of theorizing and speculative methods of thought, and have, therefore, appealed strongly to human nature. Usually on a slight foundation of fact, sometimes of pure fancy, is erected an elaborate system covering the entire field of medicine. A principle more or less true in a limited field is taken to be of universal applicability, with disregard and rejection of other principles also included in the aggregate of truth. The attempt is made to reduce all medical principles and methods to one or a few general propositions, to force all facts into accordance with a narrow preconceived dogma. All the systems have accomplished some beneficial results, chiefly through psycho-therapy, partly from hygienic treatment and the operation of the *vis medicatrix Naturae*, a few to a certain extent directly from the virtue of their particular therapeutic technic. All of them have caused harm by neglect of really effective methods of treatment in those cases in which their special methods were not applicable, and some by the positive viciousness of their methods.

"The general tone of the sectarian literature and thought is one of shallowness and superficiality, generalities and mysticism. The fervid and wide-spread acceptance of sectarian systems evidences an amazing lack of the critical faculty in medical matters among great numbers of people otherwise intelligent. No doctrines are too ridiculous, no practices too pernicious, to be greedily accepted by the indiscriminating public. In scientific medicine it requires wealthy endowments and patient laborious work of many trained investigators to delve out one by one little fragments of truth, and yet the laity without hesitation accepts systems covering the entire field of medicine founded by the most ignorant, illiterate and unqualified persons.

"Abundant experience has shown that the speculative methods which characterize medical sects are incapable of yielding effective knowledge. Medicine cannot be reduced to a few general principles; there is no single method of treatment of universal applicability. Every disease is a problem by itself, which must be worked out in all its aspects independently of other diseases. There is no royal road to medical knowledge or practice. Of the great variety of therapeutic measures available, the most effective combination for each particular morbid condition must be determined by exhaustive scientific research and rigorously analyzed clinical experience. The exclusive application of any method of treatment indiscriminately in all cases of disease causes vast harm through the non-use of methods that might be effective. The deliberate and ignorant waste of opportunities for saving and relieving distressed humanity involved is just ground for the utter condemnation of medical sectarianism, and must cause inexpressionable grief and sorrow in the hearts of all humane persons.

"Mercenary motives also play a large part in inducing practitioners to adopt sectarian affiliations. The popularity of sectarian designations in some communities is a commercial asset. The less prolonged and less exacting courses of education required in most sectarian schools also lead many would-be practitioners to take that easier and cheaper road to practice.

"All the medical systems of the past had but a transient existence. Widely accepted for a time, they have invariably declined and died out, to be replaced by others. There is no reason to expect that any existing or future sects will have any different life history. At present, in sects that have had a flourishing existence, we can perceive evidences of decline and approaching dissolution, while new sects are springing into existence and developing with great vigor.

"Being deeply rooted in human nature, the spirit of medical sectarianism and quackery is not a local phenomenon, nor (as often asserted) is it peculiar to the United States. Quackery is rampant in other countries, such as England and Germany; and while sectarianism, as such, is less prevalent there, homeopathy and Christian Science are still represented. In France the practice laws are to a certain extent disregarded. In Germany over a third of the medical practice is in the hands of irregulars, and a cure-freedom spirit exists there like our own self-styled Medical Freedom League.

#### "Existing Medical Sects.

"Only a brief individual consideration of existing medical sects will be undertaken.

"Physio-medicalism, a sect with a small following in a few states, is a survival of the Thomsonian and botanic medical systems, which were founded by a New Hampshire farmer about a hundred years ago and for a few decades had considerable following. Physio-medicalism is moribund, its last college having become extinct in 1911.

"The eclectic medical system, which now has six colleges and some following in certain parts of the country, was originated about 1830, chiefly by a group of Thomsonian and botanic practitioners who set out to reform medical practice. The claim that the great revolution in regular medicine effected in the nineteenth century was due in any material degree to the efforts of the eclectics or other sects that arose about that time cannot be substantiated, as the history of the great movements in medical science then taking place in Europe does not reveal any influence exerted by a few obscure American schismatics. Many of the principles professed by the eclectics are quite admirable, but they have nothing to offer in the way of resources, methods or principles that regular medicine does not possess, and the continued existence of the eclectic sect seems simply the perpetuation of a name and organization after the reasons that may have originally called it into being have ceased to operate. Its schools are rapidly diminishing in number. Several of them have recently dropped their sectarian character and become regular, and many eclectic graduates have joined the regular ranks.

"Homeopathy, first promulgated by Hahnemann in 1810, before the great renaissance of scientific medicine took place, is a survival of the medical thought of the middle ages. Some of the doctrines advanced by Hahnemann, such as his denial of the healing power of Nature, his teaching that chronic diseases are due to the itch, his belief that shaking drugs increases their power to a dangerous extent, his method of administering infinitesimal doses by smelling sugar pellets, were too fantastic even for his followers to accept. Two cardinal doctrines, however, continue to form the distinctive features of the homeopathic system, the use of similars and the infinitesimal potentized dosage. A careful examination of the original literature constrains me to the judgment that the evidence on which the doctrine of similars was based is utterly unconvincing. The infinitesimal dosage, the centesimal dilutions, the idea that diluting and shaking medicines develops a mysterious potency—all these are stupendous nonsense. A simple calculation shows, for instance, that a single drop of medicine stirred up in the Atlantic ocean would yield a strength about equal to only the twelfth centesimal dilution; and yet the standard homeopathic dose was thirtieth dilution, while dilutions running into the hundredths, thousandths, and even millionths have been largely used. Of all the medical systems of present or past times, there is none which, in my opinion, has a scantier basis of fact or principles and methods than homeopathy. Except among a minute remnant, homeopathy as a system of practice at the present time is practically extinct. For the sake of consistency, homeopaths still profess nominal adherence to homeopathic doctrine, or reduce the extravagant centesimal dilutions to the three lowest decimal dilutions, which, forming strengths of from 1 to 10 to 1 to 1000, brings many drugs within the range of effective dosage. When, however, they desire real physiologic results they employ regular practice. For psycho-therapeutic purposes homeopathic methods will answer as well as any. Though the practice is abandoned, the name and organization have continued, through force of habit or for pecuniary advantage. As individuals, the practitioners of homeopathy in general are excellent and likeable men, but the general attitude of the school, in professing to follow one system while really practicing another, smacks of insincerity.

"Osteopathy, founded by Still in the seventies of the last century, is at present the growing and flourishing sect. It makes a universal application of a single assumed etiologic factor (obstruction of nervous and vascular channels by bony and other displacements) and a single therapeutic method (manipulation). It is of real merit in offering a method—massage—which is perhaps too much neglected by the regular profession, and not adequately available from regular practitioners. It doubtless effects much good directly from the application of this technic, and much through psychotherapy; but it also causes harm through the non-use of effective measures in cases in which those two therapeutic agencies have no utility.

"Chiropractic, recently introduced by Palmer, who disclaims having studied medicine, is in the incipient stage, but shows evidence of carrying a strong appeal to the uncritical. It is similar to Osteopathy, its theory being that all diseases are caused by pressure of vertebrae on the spinal nerves.



"Christian Science is at present a conspicuous object of the wrath of the medical profession, and yet to my mind it presents features that are interesting and instructive. The basic doctrine of Christian Science, the negation of matter, has a strong metaphysical foundation. Reduced to the last analysis, the only entities in the universe whose existence is absolutely certain and unquestionable are mental ideas; how to prove that objects in the external material universe actually do exist as in the mind, they seem to exist in a proportion that the keenest philosophers have attempted to solve in vain. Nevertheless, the universal feeling of mankind is that matter exists substantially as it seems to exist; all men invariably act accordingly, and for all practical purposes the existence of matter must be postulated as the basis of all action and all thought. The cult of Christian Science is an interesting attempt to conduct life according to the idealistic philosophy. Whatever its inconsistencies and errors, in many respects the Christian Science philosophy of life is a helpful one. It is a philosophy of optimism—a philosophy that seeks to minimize or ignore the discomforts, the troubles and the evils that beset us. It is not strange that such a cult should have attained a great vogue.

"In its medical application, Christian Science and its allied cults afford a pure example of the operation of psycho-therapy. To a certain extent its basic dogma is true; a multitude of morbid conditions are due to mental error, or, as we express it, are psycho-genetic. Just this large class of cases is specifically adapted and amenable to psychic treatment, and Christian Science often affords that treatment in an effective form. But there are limitations to the proper application of the Christian Science method, and the sad havoc wrought by its attempt to treat all kinds of morbid conditions indiscriminately, to the neglect of the appropriate measures, brings on the cult merited reprobation and condemnation.

#### "Regular Medicine.

"The general public, to a large degree, regards regular medicine merely as one of several schools competing for business, and puts it on exactly the same plane as its rivals, not conceding to it any title to special consideration or recognition.

"To the many who look on the practice of medicine solely as a means of making money, one method of extracting dollars from the public must seem as legitimate as any other. It is often charged that the opposition of the medical profession to sectarianism arises from mercenary motives—resentment at loss of patronage and effort to monopolize business. It is doubtful, however, if the profession feels financial deprivation from sectarian practice to anywhere near the extent imagined by our opponents. Much of the practice that goes to the sectarians is of a psychic character, irksome and uninteresting to the average practitioner, which he is glad to be rid of. There are, indeed, business considerations in the practice of medicine that are perfectly legitimate and proper; and there are individual practitioners who are excessively actuated by sordid motives. Yet to the true physician there is much more in the practice of medicine than the mere making of money, and the general spirit of the medical profession and its attitude

toward sectarianism are determined far more by intellectual and humanitarian considerations than by mercenary influences. Certainly men who regularly render a large part of their services gratuitously and are constantly striving to eradicate their own means of livelihood cannot be convicted of being altogether mercenary.

"Another ground for misunderstanding arises from the use of the term 'medicine' in different senses. Many understand the practice of medicine to mean the use of drugs or medicines solely, to the exclusion of other measures of treatment; such persons take the expression 'medical treatment' to be synonymous with 'medicinal treatment.' Certain sects style themselves 'non-medical' or 'anti-medical,' meaning 'non-medicinal' or 'anti-medicinal.' We use the term 'medicine' in a much larger sense, under the common figure of speech whereby the name of a part is used to designate the whole. To us the practice of medicine means the practice of the healing art, by any and every method or combination of methods—medicinal, hygienic, physiologic, biologic, physical, mechanical, surgical, psychic, prophylactic—most effective for each particular condition. There has been much irrational and wholesale condemnation of drug therapy. While the use of drugs to a considerable extent may be of indifferent utility, yet the efficiency of much drug treatment is beyond contradiction. Scientific medicine is by no means, however, limited to the use of drugs, but employs any and every agency that may be of use. The whole field of therapeutic technic is open to us; any physician is free to follow any method of practice that he may wish. No sect has the exclusive monopoly of any diagnostic or therapeutic technic; no sect has any resource or agency that is not equally at the command of the regular profession. If we employ those methods with skill and judgment the sects are left without any reason for existence. Under these circumstances our opponents endeavor to restrict the definition of the practice of medicine to the use of drugs, and thereby they gain an excuse for existence; they thus emasculate and render ineffective our medical-practice laws. Legislative or judicial definitions, however, cannot deprive us of any of our resources or limit the universality of our therapeutic methods.

"The one and only factor which gives medicine a standing entirely apart from all medical sects is its scientific character. Of the great body of science at present medicine is an integral component, and has precisely the same standing as any other department of science, as chemistry, geology or astronomy. In the national scientific associations and learned bodies medicine has the same affiliations as other sciences. The medical sects have no scientific character or standing, no connections with scientific bodies.

"There are no sects in science, no schools of truth. While facts of Nature are being studied out and until final certainty is attained there may be legitimate and amicable differences of opinion in the scientific fold, but in ultimate truth there is an essential unity and no contradictions are possible. The existence of conflicting sects and schools, for instance, of chemistry or astronomy, or any objective science, is unthinkable; it is equally incongruous

in medicine. The unenlightened public is unable to appreciate the solidarity of truth or to perceive the incongruity of conflicting divisions in medicine or other sciences.

"Not being founded on any general theory, scientific medicine objects to being designated by any appellation implying adherence to any dogma. The most objectionable of such designations is the term 'allopathy,' invented by Hahnemann. It is unjust to attempt to force on us a name to which we object, which does not correctly apply to us, which simply marks our divergence from a false and decadent system. Every self-respecting physician must resent and repudiate the title. The term 'regular' is also awkward and unsatisfactory; it is used only to avoid misunderstanding, and must not be taken to imply recognition of the propriety of any distinctions in the medical body. Even the qualifying designation 'scientific' should be superfluous, as it is inconceivable that any competent physician or any effective medical practice could be anything but scientific. The simple term 'physician' should be sufficient to comprehend all rational and intelligent practice of the healing art.

"It may be frankly admitted that there are many shortcomings and imperfections in regular medicine. The ranks of the profession contain incompetent and unworthy individuals who at heart are quacks, sectarians and fakers. Low standards of medical education in the past have enabled many inadequately trained persons to obtain the legal right to practice medicine. The most competent practitioners make mistakes. There are limitations to our therapeutic resources, and many conditions in which we are unable to render help, in which, of course, our efficiency is no greater than that of the sectarians. All such objections amount to this: That, like other men, we are not perfect and infallible, and our science has not yet attained its complete development. With correct methods and proper motives, scientific medicine alone is in a position to attain the maximum possible of truth and efficiency and the minimum of error and harmfulness.

"In its attitude toward sectarianism the medical profession is charged with narrowness and intolerance, and with the intent to abridge the medical liberties of the people. The assurance of medicine rests on the feeling that its scientific foundation is unimpeachable. The scientific method imposes exacting criteria for the acceptance of doctrine; but truths once so established rest on a sure and abiding basis, and we can feel absolute confidence in the validity and permanency of as much of our medical theory and practice as has a thorough scientific foundation. The bacterial causation of infectious diseases, for instance, is now just as firmly established as the law of gravitation or the atomic theory, and it would be a waste of time to give any consideration to eccentric persons who may question it. The medical profession has well-grounded confidence in its methods, is constantly striving for more truth and greater efficiency, and has an abhorrence of error and inefficiency. If this attitude be narrow and tyrannical, so must it be.

**"Remedies.**

"Having discussed the etiology and pathology of medical sectarianism, it remains to consider its therapeutics. What action is to be taken in the matter?

"Education.—If the general public could be imbued with a critical scientific spirit, scientific medicine would secure just recognition. Education of the public and general cultivation of that spirit would eradicate medical sectarianism. The prospect of effecting this is remote. Since the beginning of history there has been little advance in the character of popular medical thought. The belief in charms and superstitions has lessened, and the belief in witchcraft died out—though even that has been revived by the Christian Scientists. But the improvement has been slight and slow, and the credulity and gullibility of the people in medical matters is much the same now as it has always been. The radical transformation of the popular mind requisite to the attainment of a truly logical and critical attitude seems hopeless, though the spirit of the renaissance may yet become general.

"Argument.—Argumentative attempts to refute the claims and criticism of our opponents are usually futile. At committee hearings on legislative propositions in which the profession participates, little impression is made. Often each side misses the exact point of view of the other, and the discussion is at cross-purposes. Most faddists are not amenable to reason, as is illustrated in the current controversies on vaccination and vivisection. It is impossible to reason with irrational persons, with persons inflamed by hysteria and totally regardless of evidence and logical principles. Such persons have cunning tricks for confounding straightforward opposition; they may make an impression by unbridled exaggeration or dogmatic reiteration of unproved assertions; but they lack the logical faculty and are incapable of reason. Under such circumstances argument and explanation are a waste of time, energy and dignity.

"Suppression.—In view of the possibilities of harm, there are many who would favor the prohibition of sectarian practice. The difficulty with this rests in the curtailment of individual liberty; even the fool, within limits, has a right to his folly. Coercion is not a worthy or successful way to establish one's ideas. Only through overwhelming public sentiment, which does not now exist, would prohibitive measures be permissible or successful.

"State licensing of physicians to practice after some test of their qualifications has proved a failure in checking irregular practice. Motives not altogether disinterested have probably to some extent promoted the enactment of this legislation, such as the desire of sects to obtain the prestige of legal recognition, the limitation of competition, and the craze for legislation now prevalent. Under the medical-practice laws worthy practitioners are put to much trouble on removing into a new jurisdiction; but fakers, quacks and irregulars thrive unchecked and new medical cults arise and flourish without the slightest hindrance. It is easy enough to license physicians, but in the present state of public opinion it is impossible to suppress practice

by unlicensed individuals. Our opponents are sufficiently shrewd and influential to see to it that the legislative definitions of the practice of medicine are too elastic to hold in court.

"The status of scientific medicine is lowered, and that of the medical sects raised, by their association under the law of the common plane. The profession cannot with dignity and honor willingly assent to such an association, but may submit to it only under protest. Any compromise with or partial recognition of established forms of error impairs our position and weakens or nullifies the force of our objections to other forms of irregular practice.

"Even a proportionate numerical representation on the licensing boards is denied us; the sects combined can control the boards, though all their practitioners together number far less than ours. For example, the one solitary eclectic practitioner in the District of Columbia has an equal representation on the local board with six or seven hundred regular physicians.

"If we must have practice laws, we can consistently assent only to such as ignore or do not specifically recognize any divisions in the medical body.

"Absorption. — Whenever reasonably well-educated and qualified sectarian practitioners desire to unite with the regular profession, I believe the sentiment of the profession would be, or should be, to welcome them to full association, regardless of previous affiliations, provided that distinctive sectarian designations and connections be discarded.

"Self-Culture. — It must be admitted that under present conditions the prospect of any material elimination of medical sectarianism is remote. But if an obdurate and general education and legislation, there is one field for improvement freely open to our efforts — ourselves. When viewing the mote in others' eyes it is always well to look to the possibility of a beam in our own; and it is worth considering if in our efforts to improve the world it is not best to begin with ourselves.

"The extent of popular adherence to medical sectarianism might be taken as an indication that the medical profession has to just that extent failed in satisfying the wants of ailing humanity. Possibly the existence of the sects is partly due to our own deficiencies. If we would do away with medical sects we must be prepared to give what the people now receive from those cults. If we would abolish osteopathy, for instance, we must provide the therapeutic technic which that system offers. If we would supercede the Christian Scientists we must practice psycho-therapy as efficiently as they. The ancient association of medicine with the priesthood had a profound significance, and medicine must still cultivate the priestly element, the element that reaches the heart of fullness. Persuasion, not coercion, is the true way to gain the approval of the public; it will be on our own merits that we are sure ultimately to be judged, and who can say that the final verdict of the people will not be just?

"The general interests and resources of the profession are more complete on the physical and material side than on the psychic side, and to a large extent we are deficient in the application of psycho-therapy. We lack sympathy with and interest in our numerous patients with psycho-genetic

disorders; we are impatient with their multitudinous complaints; we have no effective treatment to offer them; we are glad to be rid of them. We cannot blame them if they turn to sectarian practice. These sufferers are just as miserable as if they had organic dis-ease, and if relief is possible, they are equally entitled to it. If they derive benefits from the sectarians after looking to us in vain, we have failed in what should be an appropriate field for our activities. If we cultivated that field properly, if we utilized psycho-therapy rationally and adequately, or if we developed experts and specialists to attend to that class of practice, we would by retaining its clientele, go far toward abolishing medical sectarianism.

"The first duty of the physician is the care of his patients, and to qualify himself for that care by keeping up with the advances of medical science. Other activities, such as philanthropic efforts, social reform, even some hygienic propaganda, are secondary, and should not be permitted to interfere with the primary functions of the profession. Nor should we narcotize ourselves into stagnation by the pharisaic attitude which in our self-complacency we are prone to assume, that ours is the noblest and most beneficent of all callings, and ourselves the holiest and best of men. Humanitarianism is a noble sentiment, but to be effective it must be grounded on intelligence and knowledge; too much of the philanthropy of today, being animated by sentimentality, vanity or well-intentioned ignorance, is barren of results.

"Hippocrates said, 'He who loves his art loves man.' We can best serve mankind by cultivating ourselves and perfecting our science. From every point of view our efficiency and success can come only from knowledge and wisdom, and the key to the whole is the scientific method. This does not mean that we are all called on to engage in scientific research, although those who have the opportunity can do no greater service to medicine and humanity than by contributing new data and ideas through intelligent investigation and observation. To few is it given to make epochal discoveries; the daily work of the great mass of us consists in carrying out the ideas of a few great minds. All of us, however, will attain the greatest efficiency by preserving the scientific attitude, and carrying out every detail of professional work on scientific principles. A receptive attitude, though tempered with healthy skepticism, should be maintained toward all advances in medical science. Some there are who, from intellectual inertia or mental sclerosis, manifest a certain hostility to innovations. This is not the spirit of progress; the therapeutic or diagnostic novelty of one year becomes the commonplace routine of the next.

"If, then, we cherish the scientific spirit, if we labor to develop ourselves and advance our art, if we endeavor to meet in full measure the psychic as well as the physical needs of mankind, we shall find ample field for our activities and shall be following the only sure road to efficiency. On this alone depends our professional supremacy, and in this way can we best merit the approval of the public and regain that support which is now given to the sectarians. Confident of the validity of our principles and the sincerity of our motives, we can thus, oblivious to the distrust of the uncritical, the clamor of the hysterical and the malice of our detractors, with

patience and serenity labor for the advancement and the glory of our profession." — *The Journal of The American Medical Association*, Feb. 1, 1913.

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As another citation of how they have chemicalized us, analyzed and synthesized us Chiropractors, perhaps this article which follows shows that we have not been forgotten in their mad rush to protect the "dear people" and save them from living at the hands of an irregular.

Among "Original Articles" in February, 1916, edition of *The Medical Council* (Philadelphia) appears "*Some Facts and Vagaries*" — "Viewed from a *Medical Standpoint*," by B. C. Keister, A.M., M.D., Roanoke, Va., as follows:

"In this age of rapid transit, new thought, specialism, commercialism, and self-aggrandizement, it behooves the conservative, thinking medical man of today to pause and take notice lest he should be swept into the current and be numbered with the great multitude of 'vagaries' that are now playing their role before an over-credulous public. We are confronted by every imaginable form of sophistry from 'witchcraft,' an offspring of the dark ages, down to Chiropractic, Osteopathy and Christian Science, all of which are children of modern birth and obscure parentage.

"When we recall the founders of these so-called sciences and study some of their peculiar characteristics, their FALSE CONCEPTIONS and teachings, their SHEER IGNORANCE and boldness, we can readily comprehend their peculiar relation to humanity and their well-laid schemes.

"On careful investigation by a committee appointed by the Governor of Kentucky for the purpose of ascertaining the true character of a large number of the osteopathic schools prior to allowing their graduates permission to practice in that State, it was ascertained that not one of them was equipped for teaching the first principles of A MEDICAL education.

"It was the writer's privilege to attend one of the patients who had, only a few hours prior to my visit, undergone a manipulative treatment by one of these D. O.'s for Bright's disease. The patient, a seven-year-old girl, was having uremic convulsions on my arrival, which I attributed to the manipulative treatment, and it required several weeks of constant nursing and treatment to bring this patient around. This is only one of many similar instances that occur in the practice of other physicians, showing clearly the irrationality of treatment by manipulation in nephritis.

#### "CHIROPRACTIC.

"We may add that the so-called PSEUDO-SCIENCE, 'Chiropractic,' is based on about the same dogmatic principles as osteopathy, differing only in phraseology and the use of certain terms by which the D. O.'s distinguish themselves from their allied competitors, the D. C.'s, the former basing

their theory on certain forms of manipulation, while the latter use the term 'adjustment.'

"The founder of Chiropractic is one B. J. Palmer, and the parent school is located at Davenport, Iowa. This is regarded as the mother school of half a dozen or more others located in various sections of the United States, and, like the osteopathic schools, are sending forth their graduates to all parts of the world, SOWING SEED OF IGNORANCE, SUPERSTITION AND FANATICISM, and reaping as EASY PREY the CREDULOUS WEAKLINGS, the maimed and halt, the deaf and dumb, in fact, any and all comers, regardless of age, race or conditions.

#### "THE TRAIL OF THE CULT.

"From the time of Hierophant, of the Egyptian temples, down to the present, various sects and cults of pretended cures and healers of human diseases WITHOUT THE AID OF MEDICINES have appeared under many and various names, all claiming to have the power of healing through some mysterious magnetic agency of their own. They operate entirely outside of the jurisdiction of medical science, and, in a large measure, rest their claims of success upon the credulity and imagination of their deluded victims. In all such instances, however, experience has shown that these ARE NOTHING SHORT OF MYSTEGOGUES, FRAUDS AND IMPOSTERS OF THE WORST TYPE.

"It is interesting to note the diversity of the various schools of healing human ailments WITHOUT THE USE OF MEDICINE AND SURGERY, appearing only for a season and then disappearing into oblivion, like the morning mist on the approach of the noon-day sun. We have the metaphysical healers, divine healers, prayer healers, magicians, theosophy, telepathy, new-thought, auto-suggestion, hypnotism, etc., all claiming to possess miraculous gifts or the secret of occult science, a kind of mythical knowledge, 'Deep truths to others unrevealed; mysteries from mankind concealed.'

"In many instances these professors and followers are enthusiastic, SELF-DECEIVED VISIONARIES, while in a great majority of the cases they are downright frauds, practicing upon the credulity and ignorance of their patients for revenue only.

"We are all acquainted with the celebrated Mystic of the eighteenth century, Anton Mesmer, who claimed to possess in himself an occult force derived from the stars, which he exerted upon his patients by stroking their bodies with magnets. He, in after years, discarded his theory of 'sidereal magnetism,' and in Paris practiced upon his patients with manipulation, aided by dim-lighted rooms and soft music.

#### "FACING AN EVIL.

"WE ARE TODAY FACING AN EVIL, A CURSE THAT IS ABOUT AS GREAT A MENACE, IF NOT FAR MORE REACHING IN ITS DELETERIOUS EFFECTS ON HUMAN HEALTH, EVEN, THAN ANY OF THOSE PREVIOUSLY MENTIONED.



"A PUBLIC HEALTH PROBLEM.

"Let the medical profession, WITH THE CO-OPERATION OF THE UNITED STATES PUBLIC HEALTH SERVICE AND THE BUREAU OF CHEMISTRY, start a more active campaign against this national enemy to human progress and everlasting disgrace to our civilization. LET THE LEGISLATIVE COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION CO-OPERATE WITH THE VARIOUS STATE MEDICAL ASSOCIATION COMMITTEES and call a convention of these to meet in Washington annually during the session of Congress, and during this convention elect a committee of one good all-around man, like Dr. Wiley, of Washington, or Welch, of Baltimore, TO BE ON HAND WHEN BILLS OR AMENDMENTS ARE INTRODUCED PERTAINING TO PUBLIC HEALTH AND PREVENTIVE MEDICINE AND THE ERADICATION OF FAKERS AND NOSTRUMS.

"We need a few more 'live wires' in our national legislative halls, like Senator Owen, of Oklahoma, to champion the cause of progressive medicine and meet the onslaughts of such men as Senator Work, of California, who seemed to champion the cause of Christian Science and Osteopathy.

"The only real solution to this gigantic problem is careful and constant watchfulness on the part of our legislative committee during the sessions of our State and National legislatures. AS PREVIOUSLY INTIMATED, the United States Public Health Service SHOULD CO-OPERATE with the medical profession in bringing about the necessary conditions by which to eliminate any and all obstacles that hinder the legitimate progress of scientific and preventive medicine.

"To meet all of these deficiencies as well as exterminate the faker, the shyster, the Shylock and the great nostrum evil, IT WILL NECESSITATE A CAMPAIGN BY WHICH A MEDICAL MAN CAN BE LANDED IN THE PRESIDENT'S CABINET AT WASHINGTON UNDER THE TITLE OF SECRETARY OF PUBLIC HEALTH."

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What we present is not conclusion of a moment, hour, day, or year, but boiled down essence of twenty years' vigilance on therapeutical legislation to "protect the dear sick public."

To no one in our profession is Chiropractic more dear than to me, by way of personal interest, inheritance, financial investment, endearment of friends, school attachments, school enrollment; by every viewpoint you take, and when we get thru, think again — why would we, under any circumstances, advise you to do that which would be detrimental to our interests? Your success is ours; your failure is ours. We would not purposely twist observations of twenty years to injure you, because your downfall is ours. We must take facts as they exist and extol them to

*your* interests, thereby benefitting ourselves. Seemingly this plea should be useless, but it isn't, so long as there is one who thinks we work for selfish or mercenary reasons, when he feels that such would be used even though it killed him and his practice.

You scores of physicians in attendance at our Annual Chiropractic Lyceums are our friends. One bit of evidence is sufficient to prove it. You have entirely and thoroly disconnected yourselves with every medical association. No physician is our or your friend who holds his membership in any medical society, because no matter how small, or what its nature or purpose, it is affiliated with a larger association, and that is affiliated with a still larger, and so we trace all back to the "American Mendicants Association." Dr. Fisher is our friend, because he tried to join association and "members" thought he was not good enough for them; they wouldn't have him.

There is still another reason why they are our friends. They have gone thru period of growth, which has changed them from what they were to what they are now, ready and prepared to receive and come here for. They have learned of uselessness of medicine; they come unprejudiced; they are willing to search for truth and be shown, if we have it. Their entire natures have changed from a full belief in medicine to a full belief against it; they are here ready to see if what we have said is so or not, letting the facts prove. *Their initiative is reversed. They have changed from inside outward, which change is not a veneer, but an essence.* They do not come here with same body and mind; they are willing to build anew if we give them a better. Same medical body and mind, even under a Chiropractic cloak, will be same body and mind still.

Dr. Wilcox, in his opening address at Homeopathic convention, held at Atlantic City in 1914, expressed it all when he said:

"The American Medical Association is fast degenerating into a political machine bent on throttling everything which stands in its way for obtaining medical supremacy. It has made an unholy alliance with the army and navy medical departments, and together they propose to own and control every medical college in this country, all the state, municipal and university hospitals, and get within their grasp all the examining and licensing boards in the United States.

"I am convinced that it is the intention of the political medical leaders to close up every school or college teaching any other form

of healing but that of the old allopathic principles. Their object is to create a medical license board in each state and grant licenses to all practitioners that can present proper qualifications, but the board reserves the power to turn down without cause anyone who applies. About two years hence this same board will begin to close up the different schools and colleges, claiming that they are not equipped to teach the proper curriculum, and revoke their license which they had formerly granted.

"Wake up, my dear friends, and start in the fight before the enemy sweeps you off your feet."

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Following extracts from some remarks of Dr. John M. Hodge, published in *Health Culture* for January, 1913, are interesting:

"In many of our American cities and villages the medico-political schemer has already succeeded through false promises in having the pupils in the public schools placed under the care of political drug doctors, whose privilege it is to experiment upon the children at the taxpayers' expense.

"To a logical and unbiased mind it is incomprehensible why healthy school pupils should be placed at the mercy of political doctors. . . . The truth of the matter is that compulsory medical inspection of school children is not needed, is not desired, and has never been asked for by the parents of school children, nor by the public.

"The demands for compulsory medical inspection of pupils come from political doctors, who desire to create places and revenue for themselves and their confederates. Compulsory medical inspection of school children is a lucrative branch of State Medicine, in which political doctors alone are the beneficiaries.

"The present demand for medical inspection of school children, which is so prevalent, is due chiefly to a systematic campaign diligently pushed by the American Medical Association. The placing of school children in the hands of monopoly-seeking doctors without the consent of the parent or guardian will result in burdening the taxpayers with an ever increasing army of state-paid political doctors.

"The majority of doctors appointed as medical inspectors are incompetents who are unable to establish a practice for themselves. They receive the appointment through political influence without inquiry as to fitness for the place. The main qualification required of them is that they have political 'pull.' This is the class of doctors who go into our public schools and experiment upon children at the taxpayers' expense, and without the consent of the children's parents.

"Compulsory medical inspection of school children is intended by its self-seeking promoters to secure places for an ever-increasing army of state-supported doctors, who are seeking to establish by legislative enactment a monopoly of medical practice. Compulsory medical inspection of schools, if attained, will be toward the establishment of state medicine, which would be a greater evil than state religion.

"The American Medical Association aims to establish a medical hierarchy which shall control the people from birth to death.

"The Bureaucratic rule which it hopes to secure in the National Government is un-American in principle and despotic in spirit. It is monopolistic and tyrannical in the most offensive sense of those terms.

"The conscience-guided American citizen is resolutely opposed to the encroachment of the privilege-seeking advocate of State medicine. The American people are opposed to both State medicine and State religion; also to the policy of extending special privilege to any sect in religion, medicine or philosophy.

"The strenuous efforts that are being made to establish a monopoly in the healing of disease are attributed almost entirely to a certain class of doctors, belonging to the American Medical Association, often referred to as 'political doctors.' It is understood by everybody that there is no public demand for any of the legislation having for its purpose the exaltation and continuance in power of one school of medicine and the exclusion of all other modes of healing, and that it is a selfish effort on the part of some, not nearly all, of that school to benefit themselves without regard to the needs of the general public.

"Objection to the monopolistic methods of the association has not been confined to outsiders. Some of its members have protested loudly against the unjust and suicidal course it has taken. One of the most persistent of these is Dr. G. Frank Lydston, of Chicago. I am convinced from the information I have obtained that Dr. Lydston is a physician of ability and standing, and a man of high character, and strict integrity.

"I here quote from a pamphlet of which Dr. Lydston is the author. It was published in February, 1913. It is entitled, 'A Privileged Medical Class—The Latest Move of Medical Trust Monopoly—A Warning to the Profession, the Public, and Especially to State Legislatures and Medical Examining Boards':

"The attempt by certain medical monopolists to "corner" everything pertaining to medicine and surgery in the United States is so flagrant that it is marvelous that the rank and file of the profession does not wake up. Medical schools, health boards, medical journalism, medical publishing, medical advertising, medical appointments of all kinds—the medical octopus is after them all, and is likely to get them all while the profession sleeps."

## THE COMMISSION HEARING

Apropos of far reach of many tentacles of this trust, let us peek into testimony of Miss Gunn and Miss Dickson, representing Graduate Nurses' Association of Toronto, appearing on November 2, 1915, when they said:

"Q.—You describe yourself as 'Graduate Nurses.' What do you take in by that? Would a graduate nurse of one of these hospitals referred to here, who would come under the law of the University of the State of New York, be considered a graduate nurse here and admitted as such to your body?

"A.—Yes, your Lordship.

"Q.—Any one who has a graduation certificate from a recognized school, or a school that your association recognizes?

"MISS DICKSON: Yes, your Lordship.

"THE COMMISSIONER: Does your association nurse only in connection with allopathic doctors or cases, or does it nurse in connection with homeopaths or any other school of medical practice?

"MISS GUNN: It nurses under any qualified physician, allopathic or homeopathic.

"Q.—Under any physician who is recognized by the Ontario College of Physicians and Surgeons?

"A.—Yes.

"Q.—You do not go outside of that? Is that one of your regulations?

"MISS DICKSON: I don't think they would be asked to.

"THE COMMISSIONER: Is that one of your regulations?

"MISS DICKSON: There are no regulations.

"THE COMMISSIONER: In practice, that is what you do?

"MISS DICKSON: Yes. I don't think they would be called in the other cases, your Lordship.

"Q.—Did you ever nurse without being called in by a doctor?

"A.—No nurse is allowed to prescribe for a patient.

"Q.—I know that. A.—She may be called in in the case of a friend, or something like that. She is always called by the physician, or by the family who has called the physician.

"Q.—Still, I suppose there would be no objection to her being called in to nurse a rheumatic patient without any doctor intervening or attending?

"A.—No, but I should think that anyone who would be employing a graduate nurse would have a physician in attendance.

"Q.—You have no regulation against being employed without being employed through a doctor?

"A.—No, your Lordship.

"MISS GUNN: The nurse training schools teach the nurses that they must nurse under the direction of a physician.

"THE COMMISSIONER: I suppose in nine cases out of ten—perhaps even a larger proportion than that—that would be perfectly proper; but there is nothing to prevent your nursing a patient who is suffering really from nothing more than a chronic condition.

"A.—The nurse, if she decides it is a chronic condition, must have made a diagnosis; she has no right to do that.

"Q.—Supposing the family knew all about the condition and wanted a nurse? A.—She has no right to accept that.

"MR. LUDWIG: I suppose that is one of the ethics of the profession?

"THE COMMISSIONER: I think if you succeed in getting what you want, and become such good nurses, everybody will want you. It is hard to shut off everybody unless they call in a doctor?

"MISS DICKSON: In a case of a patient who is suffering from chronic rheumatism, I suppose he or she would be under the care of a physician to a certain extent.

"Q.—She might have lost faith in physicians and decided that there was nothing further to be done, except to be looked after by a competent nurse?

"A.—I think a nurse has no right to nurse any patient without a doctor being in attendance.

"Q.—Take my illustration, where would this rheumatic patient go?

"A.—She could get a doctor.

"Q.—I was asking you where she would go for a nurse?

"A.—The doctor would call a nurse."

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Who can listen to this heart-throb appeal and then say it is proper to have a nurses trust? That which is now quoted is extracted further on from same hearing of The Commission Hearing:

"THE COMMISSIONER: I would just like to read a letter I got some time ago from a lady in Windsor, because I want to take up some of the matters she refers to, and probably some other matters will come up during the session. She says: 'That part of the public which consists of people with limited means cannot very well be safeguarded if the price of nursing is put completely beyond their reach. In Windsor at present a professional nurse cannot be hired under \$25.00 a week and board, and even at that the majority of them will not do a bit of menial work. There are not many at the present time who can afford \$30.00 or more per week in time of

sickness. To restrict the employment of nurses to women with diplomas would work great hardship among the poor. What is to be done in maternity cases where the law compels a woman to employ a physician? She may be the mother of four or five other children, and will need someone with her to help in all kinds of service that the registered nurse refuses to perform. An intelligent woman without a diploma, but with natural ability and some valuable practical experience can be procured here as low sometimes as \$1.00 per day, but this proposed Government action would put a stop to her work. Is there not some way to reach and relieve such conditions? This matter has been in the minds of the mothers of Windsor for a long time.'"

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A meeting was called by school superintendent of Orleans County (N. Y.) a few days ago, at which Dr. Howe, State Medical Inspector of Schools, talked for two hours to teachers to impress upon them necessity for their inspection of school children, so that they might notify medical inspector of defect. He advocated removal of tonsils when swollen or inflamed, stating that it was a very slight operation. He advocated making teachers a part of a vast machine which seeks to compel school children to go to allopathic doctors. In all inspection that has been going on so far there is no record of advocating any other except allopathic methods. Reason that allopathic doctors are used as inspectors is that allopathic doctors are only ones in power, and they, in turn, of course, advocate allopathic methods be used.

But for a full disclosure of this conspiracy against these liberties of the people of Indiana we must look to an article by Dr. Harvey Adams Moore, published in Indianapolis Medical Journal of December, 1912. We cannot use all of this remarkable article. It is too long. Its title is "The Real Solution of the Social Problems and the Way to Accomplish It." The doctor says, in the beginning:

"The dreams of Edward Seguin, fantastic and ignored in his day, are near to realization under the line of work proposed for the medical profession in Indiana with the co-operation of the public along educational lines.

"'But alas,' he says, 'Seguin was not appreciated. He was scoffed at in Europe and found little better success in America. His last effort, the publication of his work in New York in 1866, was a failure. Seguin died forgotten.'"

But since then, according to the doctor, one Maria Montessori, an Italian woman, has made practical application of his theories and proved their efficacy. But the doctor asserts, with becoming modesty, that "Success depends wholly upon the cooperation of the medical profession."

Now let us see from following extracts from the article just how medical profession is going to make Seguin's theories successful. He says:

"And in order that the educational system shall forever have a fair opportunity to work its results, the medical profession must watch every child that is permitted to be born unto the day of its death, determining the causes of its every act, remedying its deficiencies and developing its possibilities."

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### "AN INVISIBLE GOVERNMENT'S" WHIP-HAND

THE WHIP HAND IS EVERYWHERE IN EVIDENCE. CASUAL READER, AVERAGE STUDENT, EVERY-DAY LEGISLATOR WOULD BE LED TO BELIEVE THAT AMERICAN MEDICAL ASSOCIATION, THRU ITS EMISSARIES, STATE MEDICAL BOARDS, WERE WORKING TO ELEVATE FINANCIAL AND EDUCATIONAL STANDARDS TO ISSUE FORTH FEWER, BUT BETTER MEDICAL GRADUATES TO "CURE" MORE PEOPLE IN FUTURE THAN PAST.

That a common war of complete extermination is upon the irregulars by the regulars, is observable from Ohio to California, even to Canada upon north.

First letter which follows comes from California and shows what occurred when Chiropractors of that state compromised. Second letter shows underhanded attempt of Medical Council of the Province of Ontario (Canada) to control the situation by a manner quite so subtle, as worthy of a Dr. Jekyll and a Mr. Hyde:

#### "APROPOS OF CALIFORNIA LEGISLATION

"San Francisco, Oct. 19, 1915.

"Palmer School of Chiropractic, Davenport, Iowa.

"Dear B. J.:— Conditions in the drugless profession in California are extremely critical.

"The one thousand hours must be taken in a school approved by the Board, but not necessarily a school doing business in the state.



"It has taken time to learn the true status of affairs to date, and, if at all possible, you ought to be on the job in person, if only for a day, in the very near future, that you may be furnished evidence and information which cannot be imparted by letter.

"We have the names of the latest five expected to be appointed. History has been known to repeat itself, whether they, others, or none are appointed remains to be seen. (Thinking of Ohio.)

"The people whose names are attached would not write you if the situation did not demand recognition and support from you.

"Our enemies are thoroughly satisfied with the present state of affairs, as are most drugless people, but we want you to know that there are some Chiropractors in California who feel that the present law crippled, bent, or broken, would be infinitely better than the situation which will come to a climax the first week in December. Then it will be goodbye to Chiropractic in California for the next few years.

"With your moral and financial support the legal phase can be threshed out to a finish, we are confident. Do not delay.

"(Signed) Geo. A. Bradley, 508 Hewes Bldg., San Francisco; Jay W. Austin, D.C., 19-20 Porter Bldg., San Jose, Cal.; B. E. Albertson, D.C., San Marcos Bldg., Santa Barbara, Cal.; Andrew Taylor, 239 Romain St., San Francisco; J. N. Jensen, D.C., Eldridge, Cal., Box No. 14; Bertha B. Jensen, Eldridge, Cal., Box No. 14."

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"Hamilton, Ont., Oct. 22, 1915.

"Dr. B. J. Palmer, Davenport, Iowa.

"Dear Doctor:—You are aware that a government commission has been appointed to investigate all methods of healing in Ontario.

"When this commission was appointed there was but little information given as to how it was to be conducted—what evidence would be required, so that everyone interested naturally jumped to the conclusion that every cult would be investigated regarding their relative merits, whether they were scientific, logical, and were of sufficient value to be recommended as serviceable to the public, and if so, would obtain legislation.

"In consequence we all prepared on this line and were necessarily disappointed, as we found out. It seems now that the object of the government is to ascertain what are the complaints of the different cults—in what way would legislation be of benefit to them—what are their educational standards and requirements, and why can it not come under medical control, to run the lamb into the lion's den 'for its protection' (?) And there seems to be a deliberate attempt from the Medical Council to prevent any evidence in any way derogatory to them from reaching the public, either through the press or otherwise, as you may judge from the reports which are sent you.

"Yours in the cause, E. Duval, D.C."

Apropos of correctness of Dr. Duval's conclusion, upon its first sitting this Commission had defined, in its first few minutes, a definition which was all conclusive and showed attitude of all concerned.

"It is hereby declared that the term 'Medicine' in this, our Commission, shall include any science, plan, method or system, with or without the use of drugs or appliances, and whether now deemed to be included therein or not, for diagnosing, prescribing, alleviating, treating or curing human disorders, illness, disease, ailments, pain, wounds, suffering, injury or deformity affecting the human body or any part thereof, or its physical condition, or believed or imagined so to do, including midwifery and any treatment prescribed or advised, whether administered to, operated upon or followed by the patient himself, intended or professing immediately or ultimately to benefit the patient."

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Peculiar as it may seem, opening definition was very inclusive. Almost at close of hearings same story of a definition is suggested to the Commission by Dr. James Third, representing Queens University, appearing before the Commission under date of April 10th, 1916.

Definition now suggested follows:

"The term 'medicine' shall include ANY science, plan, method or system with or without the use of drugs or appliances, AND WHETHER NOW DEEMED TO BE INCLUDED THEREIN, OR NOT, for diagnosing, prescribing for, preventing, alleviating, treating or curing human disorders, illness, diseases, ailments, pain, wounds, suffering, injury, defect or deformity affecting the human body or any part thereof, or its physical or mental condition, or believed or imagined so to do, including midwifery and the administration of anesthetics; and any manipulation OR ANY OTHER KIND OF TREATMENT WHATSOEVER suggested, prescribed or advised, for body or mind, administered to, operated upon, OR FOLLOWED BY THE PATIENT HIMSELF OR HERSELF, or immediately or ultimately to benefit the patient.

"Any person who appends the letters 'M.D.,' 'M.B.,' 'D.O.,' or other letters in a medical sense, or who shall prefix the title 'doctor' or its abbreviations, or shall use the term 'physician,' 'professor,' 'healer' or any other sign or appellation in a medical sense, to his or her name, or shall use the word 'specialist,' 'oculist' or 'aurist' in connection therewith, shall be considered as 'practicing medicine.'"

## "AN INVISIBLE GOVERNMENT'S" FINANCES

Notwithstanding tremendous amount of money now in use for this monopoly of one school of practice, we are now awakened to fact it isn't enough, as witnessed by following quotation from 1915 Report of Public Health Service Bureau report:

"ADEQUATE HEALTH APPROPRIATIONS.— Officers of the service have time and again expressed the opinion that at least 2 per cent of the public revenue should be spent for public-health work, since from no other expenditure is so much profit ultimately derived. The studies so far made give clear indication that a great deal of progress must be made before this desideratum can be reached. In most of the States the need is not for more health laws, but for coordination of those already on the statute books, grouping of direct health functions under one executive officer, and adequate funds to enforce existing legislation."

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On a previous occasion we called attention of our profession to extent to which doctors are going to secure monopolistic control of all medical and healing activities. But efforts of political doctors have increased of late rather than diminished. They are not content to follow their profession, to which one would object. Most people of this country still desire services of medical practitioner, tho number is rapidly growing less as people learn how little they can get from that source in time of sickness and disease. But so long as anyone believes in medicine or surgery as a means of healing disease, he is entitled to have it, and neither Government nor anyone else has any right to deny him what he wants. And no one will deny, not even those who have no faith in drug healing, that medical doctors are doing great good and alleviating much human suffering.

Therefore, right of doctor to practice his profession, and of those who desire his services to go to him for help, should be zealously preserved and protected. Not only that, but efforts of American Medical Association to educate members of their profession, elevate standards of medical practice, and render work of its members more intelligent and effective are to be highly commended. We presume nobody would complain of that. Certainly we do not. It is the constant and often unwarranted efforts made by some, not all, members of that association who control its policies and methods, to secure legislation beneficial to them-

selves *at expense of others*, in violation of constitutional rights of *other* people, and detrimental to *their* interests, that has aroused deep-seated and determined opposition to their methods. For ten years this Medical Association has bent every endeavor, steam-rolled everything before it, strangled every method of help to afflicted, controlled methods it could not strangle outright in order to strangle them later. By such methods they have materially injured reputation of whole medical profession of their school, and the association has been falling off in its membership. In report made by president of association at its meeting at Atlantic City, June 15th, 1912, it was said on this subject of membership, among other things:

"The number of members May 1, 1911, was 33,960; 299 members have died, 1,301 members have resigned, 500 members have been dropped as non-eligible, and 1,987 have been dropped for non-payment of dues, and 64 reported not found, making a total of 3,151 names to be deducted from the membership list. There have been added 3,474 to the membership roll, of which 2,253 were transferred from the subscription list. The membership of the American Medical Association May 1, 1912, is 34,283. There have resigned from the association in the four past years 4,899; there have been dropped for the non-payment of dues 2,726, making a total of 7,635 members taken out of the association. Why? This means an annual loss to the association in dues alone of \$38,175, and a still greater loss in prestige and education. No business house would permit such a loss of patronage without the closest scrutiny and the most careful analysis."

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Much of the opposition to legislation favoring and extending power of regular school of medicine has been aroused by proposal in the Owen Bill (Congress) to establish a department of health with its head a member of the President's Cabinet. But this is only a part of a general scheme on part of American Medical Association to intrench its school of medicine in power in both state and national affairs. It has worked thru various channels to manufacture sentiment in favor of its legislation. Teachers of various schools, public and private, and women's clubs thruout country have been victims of its selfish efforts in this direction. In some instances they have had the good sense to refuse to be made parties to the scheme. But a good many others, including National Bureau of Education, have succumbed to its influence and become advocates of unjust and undesirable legislation.

Evidence, much like testimonials, is proof of what is done. That which we would prefer knowing is the idea itself. If idea is correct then it must get results. Fact itself should be sufficient evidence in itself without necessity of piling it up.

Every condition bases itself upon a premise. Hypothesis of that premise being correct, then the issue from it can but tally in like accord.

It has been my contention, thruout this entire issue; that fact is plain; is an axiom; stands undisputed; is clear to all who desire truth of issue before us. Evidence and more evidence does not change it, does not strengthen it. It but multiplies the heinousness of crime committed by others against sick.

We do not add or publish this evidence to make more monumental the crime before us but do so thinking that overponderance of evidence may still convince hundreds of legislators who still do not see that which the main body of this book attempts to show — and they are legion.

With every case tried in a court, no one knows what idea swings this juror or wins that one. Neither can we tell which bit of evidence will win over this Chiropractor or that one. What is strong for one may be weak for another.

It is because of necessity that we beg no further apologies in adding additional factors to this greatest of all American crimes — the helpless cry of the uncured sick.

It has come to be regarded as a sacred duty of the National Government to maintain and preserve public health. In performance of this duty there has been established a bureau of the Treasury Department known as Public Health Service. There are lavish appropriations for this service. Annual expenditures for Health Service in its various branches, including the army and navy, now exceed \$20,000,000 a year. There is a Surgeon General of the army and a Surgeon General of the navy, and under them an army of surgeons, assistant surgeons, and subordinates of various and sundry kinds running up into thousands. In statement issued nearly two years ago by Secretary of the Treasury, under a resolution by Senator Works calling for information, a detailed enumeration of expenditures in interest of public health was given and a summary of information thus furnished and also a brief recapitulation is as follows:

This shows expenditure for health service of government for fiscal year 1912 of \$19,800,086.23, considerably more than half of which was paid for salaries and other compensation of 15,632 employees, all of *whom were of one school of medicine or under its control. No other school of medicine or mode of healing is recognized or considered.* Number of employees and expenses have been largely increased since then. In endeavor to preserve public health, we have given the Surgeon General and his subordinates almost unlimited powers. We have usurped constitutional rights and liberties of the individual.

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### "AN INVISIBLE GOVERNMENT'S" FREE SPACE PUBLICITY CAMPAIGN

Directly apropos of this far reaching effect of the Government to give to one of its Bureaus such power; which, when used, does do that which we have maintained in preceding paragraph, we shall herewith extract from the 1915 "Annual Report of the Surgeon General of the Public Health Service of the United States." Our Government did not intend to create a monopoly for one school of practice nor has it done such, but, under guise of "Public Health" they have created a department which is used to that definite end. Other quotations in this publication, later, will more fully convince you of that fact.

Quotation begins at p. 57 and is as follows:

#### "PUBLIC HEALTH ORGANIZATION AND ADMINISTRATION.

"For a number of years the service has been EMPHASIZING THE FACT THAT THE STRENGTHENING OF STATE AND LOCAL HEALTH ORGANIZATION IS ONE OF THE GREAT NEEDS OF THE NATION. It is with a view to disclosing how this may best be accomplished AND ADVOCATING REMEDIAL LEGISLATION THAT ANALYSIS OF THE LAWS IN FORCE HAVE BEEN MADE and investigations of State and local health administration conducted in various States and communities AT THE REQUEST OF THE AUTHORITIES CONCERNED.

#### "HEALTH ORGANIZATION IN MINNESOTA.

"On request of the State Board of Health of Minnesota, Surgeon Carroll Fox was detailed to conduct a study of public health activities and needs in that State. The investigation continued for a period of about three months from June 4, 1914, embracing the following matters: Organization of the board; executive officers; divisions of the board and their duties and facilities; control of preventable diseases; control of water supplies; disposal of sewage and other municipal wastes; sanitary regulation of public institu-

tions, lodging houses, etc.; control of milk supply; registration of vital statistics; EDUCATIONAL FUNCTIONS, LITERATURE, LECTURES AND EXHIBITS; school hygiene and child welfare; field work; local health organizations; appropriations available for health work; and health activities carried on by other agencies.

"As a result of his studies Dr. Fox was able to formulate a number of recommendations in regard to changes deemed necessary to secure in Minnesota that efficiency in protection against disease to which its citizens are entitled.

"The complete report of Dr. Fox's investigation, with his recommendations, has been published in the Public Health Reports and issued as Reprint No. 223.

#### "HEALTH ORGANIZATION IN WASHINGTON.

"Following the Minnesota investigation, Surg. Carroll Fox was directed, at the request of the State Board of Health of Washington, to conduct a similar study in that state. This study lasted from September 17, 1914, to January 13, 1915, and was carried along lines similar to those followed in Minnesota.

"As a result of his study Dr. Fox concluded that THE ADOPTION AND ENFORCEMENT OF MEASURES FOR THE PROTECTION OF THE PUBLIC HEALTH IN THE STATE OF WASHINGTON HAD NOT KEPT PACE WITH THE GROWTH IN POPULATION AND WEALTH OF THE STATE, and that co-ordination of health activities scattered among different branches of the government and PROVIDING THE NECESSARY LEGISLATION AND FUNDS FOR HEALTH WORK WERE IMPERATIVE. These conclusions were embodied by him in a series of detailed recommendations.

"The complete report of this investigation has been published in the Public Health Reports and issued as Reprint No. 255.

#### "HEALTH ORGANIZATION IN WEST VIRGINIA.

"In accordance with requests from the governor and the State Board of Health of West Virginia, Surg. Taliaferro Clark was detailed on November 4, 1914, to make a study of public health organization and administration in that state. The undue prevalence of such diseases as typhoid fever and trachoma in West Virginia, and the expressed desire of the authorities of the state for the improvement of existing conditions made this study of special interest, IN VIEW OF THE POSSIBILITY THAT LEGISLATION WOULD BE ADOPTED TO PROVIDE BETTER PROTECTION FOR THE PUBLIC HEALTH.

"In his investigation Dr. Clark considered especially the provisions governing state and local health organization, control of communicable diseases, REGULATION OF THE PRACTICE OF MEDICINE, registration of vital statistics, pollution of water supplies, control of nuisances, sanitary control of foods and drugs, hotel inspection, school hygiene, industrial hygiene, etc.

"The conclusion reached was that both state and local public-health administration in West Virginia was in evident need of reorganization AND

STRENGTHENING BY MEANS OF LEGISLATION SUPPLYING THE NECESSARY ADDITIONAL POWERS AND adequate funds to carry on health work. SPECIFIC RECOMMENDATIONS IN REGARD TO MEASURES were made by Dr. Clark in his report of the investigation. This report has been published in the Public Health Reports and issued as Reprint No. 252.

"Legislation embodying most of Dr. Clark's recommendations was subsequently enacted in West Virginia. While this law has some excellent features, one obvious defect was its failure to provide the minimum amount of funds which are, in the opinion of this bureau, required to perform effective public-health work.

#### "HEALTH REORGANIZATION IN ILLINOIS.

"On requests from the efficiency and economy committee of the General Assembly of the State of Illinois and the State Board of Health of Illinois, Surg. S. B. Griggs was detailed to make a study of the Illinois Health agencies. This study covered a period of over three months from November 9, 1914, and embraced not only the work of the state and the local boards of health, but also the sanitary functions of other departments, such as the state board of pharmacy, the board of dental examiners, the state barbers' examining board, the state food commissioner, the state department of factory inspection, the Illinois Rivers and Lakes Commission, the state water survey, state charities commission, and such unofficial sanitary agencies as the association for the prevention of tuberculosis.

"As a result of this study, the conclusion was reached that the present state board of health is primarily a licensing board, with insufficiently developed public-health functions, and that many duties that should devolve upon it have been either assumed by other agencies or left unattended. A REORGANIZATION TO REMEDY THIS FAULT IS THEREFORE DESIRABLE, AND NEW LEGISLATION ENACTED TO STRENGTHEN THE AUTHORITY OF THE STATE IN DISCHARGING SANITARY RESPONSIBILITIES ALREADY RECOGNIZED AND PERFORMING OTHER WORK SO FAR NEGLECTED. ONE OBVIOUS NEED IS THE GROUPING OF RELATED HEALTH FUNCTIONS OF THE STATE INTO ONE STATE DEPARTMENT OF HEALTH.

"The specific improvements deemed necessary were enumerated in detail by Dr. Griggs in the report submitted by him to the efficiency and economy committee. While the majority of these changes, and these the most important, REQUIRED NEW LEGISLATION, in a number of administrative matters the recommendations made could be immediately carried out and were adopted; in fact, many of these changes had been recognized as desirable by the executive office of the state board of health before the recommendations were made."

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#### "AN INVISIBLE GOVERNMENT'S" TENTACLES

We want to talk to you on American Mendicants' Association — otherwise known as medical octopus, medical trust, and this



phraseology is not merely a convenient term used to express our disgust and contempt for a certain small body of political medical men who control a much larger body of sincere scientific medical men — it is in truth all that we call it, a trust using constrictive methods. First organized as an educational and protective association, it has spread its tentacles out over entire country like a vampire. It controls surroundings of your birth, milk supply, water supply, food supply, sanitation in your house. John D. Rockefeller controls a few millions of dollars, kerosene and gasoline; he controls Rockefeller Institute and its reports. A. M. A. controls time you are born and time you die. They help both. They say where you shall be buried, when you die; under what circumstances you can be buried or cremated, or not; what you may think by condition they keep your brain in; whether you will be a constructive or a destructive fellow, by condition they keep your body in. There is no trust like it in existence. Of late years it has degenerated into a vast *political* machine, the biggest dam to the sick and *health* progress the world has ever seen. It condemns every method, every procedure, every theory, idea or help to humanity that does not originate within and financially help to fill pockets of its own ranks. It cares not what you, as a patient, think; it will ride over your wishes and respects without an ask-you. It uses its vast wealth and political power to smother everything but its own inefficient methods. *For ten years or more this octopus has tried to get legal and political control of every method of healing*, maintaining paid lobbies in every state capitol of the country; and just so long as the people send doctors to legislature and remain unposted, just so long will we be burdened with such confiscatory, unconstitutional and unjust, inhuman and inhumane laws.

Statutes are constantly advocated by medical trust to *force* their methods on people of this country. They are not content to let their services rest upon merit, as does every other profession and business, but continuously are bills being introduced in various legislatures and Congress that deprive people of privilege of having practitioner of their choice. What would you think of a plumber, carpenter, or lawyer who would try to get a law passed that no other plumber, carpenter or lawyer could do any work unless applicant had gone to his particular school and used his peculiar brand of idea? One would say it couldn't be

done, but it is done under iniquitous and lying plea that Chiropractors do not know as much as medical men, and therefore medical men want to get legislatures to say Chiropractor must first take up a *medical* course before he can practice Chiropractic. Two courses are as opposite as the poles. How would it be for a man who wanted to practice law in this country to first learn Chinese language, or a plumber first learn carpenters' or bricklayers' trade? One is as reasonable as other, but we are showing legal and illegal methods used by the trust to kill competition. How are these unthinkable things done? By using doctors whom *you* send to legislature to represent *you* and *your* family, and they betray the trust you have placed in them by giving them your vote. In return, what do you get? If these medical political schemers can put out of business every kind of practitioner but themselves, and your family should get sick, and wornout, moth-eaten methods of drugging won't work, *and your family* die, then you see awfulness of the trust methods of trying to keep from you and yours better, saner, surer methods of getting well.

That the method pursued is more vital than the end accomplished seems incredible. That it is proper to let a person die "by best medical aid" rather than get him well at hands of an "irregular;" and, that medical men endorse such and make public statements to that effect, seems inhuman. That the end of medical education is to see that he does the act according to Hoyle, even tho case dies, in preference to seeing that case gets well, even tho Hoyle was not ethical, is again preposterous, yet such is the case. Modus operandi is seemingly sound scientific sense; getting patient well is but secondary.

Following bit of evidence appears during Commission Hearing, when Dr. H. A. McCallum, Dean of Western Medical Faculty of Western University, was interrogated, as follows:

"Q. That is, if on the final examination you gave him a patient's condition to diagnose, and he made a faulty diagnosis in that, you would give him better marks if he had a good record in the past as a student than you would if he had not a good term record?

"A. Yes, if he shows me his methods of examining that patient, and I believe they are good methods, even if he arrives at a wrong conclusion, even if his results are bad.

"Q. That does not sound at all reasonable. It does not help the patient very much?

"A. It is a question of probabilities, sir.

"Q. I should think it would be much better if his results were right, even though his methods of diagnosing were wrong. Are you really serious about that, doctor, to any large extent? If a student were to diagnose a case wrongly, would you give him anything for it, although he apparently made a proper investigation, as far as methods are concerned?

"A. Supposing that a student makes a diagnosis of a patient, and pronounces that the patient is suffering from pneumonia, whereas it is a case of phthisis. I certainly could not mark that man too bad, because the conditions might be common to both diseases. If, on the other hand, he tells me that it is a case of phthisis, and I ask him why, and he cannot give me a satisfactory explanation, then I cannot give him a full mark; I don't know how he jumped at his conclusions. I take his methods of arriving at conclusions.

"Q. And his results?

"A. Yes.

"Q. Together?

"A. Yes. Of course, he would get a better mark if he told accurately what it was.

"Q. Of course, if he were always right, both in his methods and in his results, I suppose he would be —

"A. He would be remarkable.

"Q. He would be a phenomenal student?

"A. Yes.

"Q. A phenomenal doctor?

"A. Yes, sir."

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Also Dr. Williams, appearing as the surgeon for the Western University, confirms that evidence while being interrogated at the same time when he made the following statement:

"Q. Did you send students to the patient, and wait until they came back and then accept their version as correct?

"A. No, sir, I never did that. I always make a student tell me how he arrives at his conclusions. The student may arrive at conclusions by a wrong method. I WOULD RATHER GIVE A STUDENT MARKS FOR A GOOD METHOD, EVEN IF HE COMES TO A BAD CONCLUSION, THAN GIVE HIM MARKS FOR RESULTS OBTAINED BY A BAD METHOD, BECAUSE HE IS SURE TO TUMBLE ON THE ROCKS IN THAT CASE, AND IF HE HAS A GOOD METHOD HE WILL BE RIGHT SOMETIMES."

From A. M. A. headquarters in Chicago is issued a newspaper, sent, postpaid, each week to every newspaper in United States, requesting them to extract from it anything they want to publish in their papers. Smaller papers must print these extracts gratuitously if they print them at all. This is a part of their educational campaign. You cannot pick up a paper without some reference to something that is being done by medical profession. Just this evening someone called our attention to an article in the paper telling about the wonderful case of a boy with infantile paralysis. Doctors cut out a bone in his foot and the boy got well — so newspaper said. How did item get into paper? Newspaper picked out this item from A. M. A. weekly newspaper and used it as a space filler, and all the time it is educating public *against* you and me. In every paper you will find a column here, a half column there, perhaps on an average five or six columns in average paper about this or that dis-ease — how contagious it is; what public should do to protect itself; a new serum and what wonderful curative powers it has; what doctors are doing in the war; about foot and mouth dis-ease, and how to quick-lime their bodies; vaccination and its curative properties, giving doctored statistics to “prove it;” and thus goes campaign day after day.

Such, in brief, is picture of efforts of medical trust to shut off competition. Let us look further into side which consists in popularizing use of drugs, serums, vaccination, operations and general antiquated methods, some of which have not changed in two hundred years, all of which are being proved wrong, harmful, and in thousands of cases, unnecessary. This part of medical intrigue is so vast, devious and intricate, no single man can follow it completely, but following are some of methods employed:

Every time you pick up a metropolitan Sunday paper you will see some article in magazine section written by some doctor about some doctor relating to some great scientific (?) discovery on left hind leg of a fly, or a horrible picture of some bug which is accused of carrying the pip, or piles, and glorious serum just discovered which will (not) revolutionize world by killing off this bug.

That space was bought and paid for by medical trust with money or “pull” to keep dis-ease before your mind, to get you in

habit of thinking that great medical trust has now at last got one remedy which will keep pearly gates closed for a while longer.

Magazine space is bought all over the country every month by medical trust in order to place its methods in entertaining form before general reading public. Efforts have been made countless times by drugless practitioners of various kinds to get articles published by these same magazines and they are invariably refused, same as they are refused space by newspapers. It is estimated that from \$50,000.00 to \$100,000.00 a year is spent, in one way or another, by medical trust to buy space in associated press every year to popularize its methods. It has been found necessary to do this in spite of fact that millions of people have left drug and slash system to take up some sane and sensible methods of regaining their health.

This, too, has been engineered by medical trust several times to get public mind away from valueless stuff sold to you with English label on bottle, so that you might go to your doctor and be given equally as bad a dope with a Latin label, and often you have been given same patent concoction by your medical doctor after he himself has bought it from drug store, and you thought you were getting a private prescription. Every time you see a campaign engineered against patent medicines it is to draw your attention away from fakery, foolishness, crime and inefficiency of allopathic trust methods. Witness fight Collier's Magazine waged a few years ago on patent medicine and fight Harper's Weekly waged last winter. These fights were engineered by medical trust while it itself prescribed arsenic, strychnine, mercury, phosphorus and hundreds of other poisons to "cure" disease. It is case of pot calling kettle black and another of plans originating in Chicago to give doctors more patients.

"Health Associations" have recently sprung into existence. They are composed exclusively and entirely of allopathic doctors, no other kind has a look in, none others need apply.

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## "AN INVISIBLE GOVERNMENT'S" ETHICS

("The Commission Hearing.")

Some of these statements seem far-fetched and exaggerated. Perhaps following evidence will clinch last made statement.

Dr. John Ferguson, appearing before Commission on behalf of Ontario Medical Association, October 22, 1915, said:

"And then there are a number of medical associations that are voluntary, and for the purpose of the scientific advancement of the profession, the study of all questions dealing with the interest and welfare of the public, and for the upholding of a high ethical standard.

"Now these ethical organizations include such bodies as the Ontario Medical Association, appearing before your Lordship this morning; the Academy of Medicine of Toronto and other local medical associations; for example, in Peterboro, Hamilton, London, etc., which meet and discuss problems of interest and importance to the public and the profession. These associations refuse to admit as an accepted member any person, however high his scientific views and attainments may be, or whatever diplomas and qualifications he may possess, IF, in the opinion of these associations, he is not conducting himself in a manner creditable to the rest of the profession, either by describing himself as following some particular cult, or following some objectionable advertising methods."

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Further, substantiative of above, comes Charles R. Dickson, M.D., representing Academy of Medicine, and reiterates above in following language, under date of November 3, 1915:

"In the United States there is an association devoted wholly to the cultivation and promotion of knowledge in whatever relates to the application of electricity and other physical measures in medicine and surgery. Only regularly qualified practitioners of medicine and surgery, who must be graduates of recognized medical colleges and members in good standing of their national and respective state medical societies, can become active members of this body, known as the American Electro-Therapeutic Association."

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Quoting from the New York State Journal of Medicine, January, 1916, under the heading, "Medical Society of the State of New York," is found the following:

"Amended Article to read as follows: 'No applicant shall be elected to membership if his diploma or license be of a sectarian character, unless the applicant declared in writing his or her abnegation of sectarian titles.'"

## "AN INVISIBLE GOVERNMENT'S" CHAMBER OF HORRORS

These associations are errand boys, beggars, mendicants, pick pockets of the trust. First, they are misnamed. They should be "Disease Associations," for that is what they study and produce. They supplicate, beg, and then demand more money and power continually to produce a sufficient amount of money to give their members a good percentage. Working with local health board, people are scared to death, reports put in local papers of "awfulness" of conditions, fake epidemics are produced, vaccinations and inspections are ordered, and people generally who do not know facts are scared into spending money to keep well. Upon producing required money epidemic mysteriously ceases. This has happened repeatedly over United States and people kept in a state of terror lest they "catch something." After all efforts of these tuberculosis, cancer and other allied money-grabbing associations there is just as much tuberculosis, cancer, heart disease, sexual disorders, just as much everything as ever, with exception that modern sanitation of our cities has brought down typhoid fever and smallpox to a low ebb. Vaccination and serums have played no part whatever in reducing number of these diseases.

*Health boards* are regularly maintained at expense of taxpayers. They are, with few exceptions, composed of allopathic doctors. Streets, alleys and cellars may stink to heaven and nothing is done. Our sewers may inhale filth of universe, but our health boards will thunder "vaccinate," "vaccinate." They let one breed on to use it as a club to get money thru other.

The orgy of appendix operations is not over, but it has died out and people are getting plain bellyache again, as they used to before surgery reached a high fee craze.

"Has died," did we say? So we think until we receive evidence which causes us to change our opinion. This quotation is taken from Fort Madison (Iowa) paper of March 14th, 1916:

"EPIDEMIC OF APPENDICITIS.

"THAT FORM OF DISEASE VERY PREVALENT HERE OF LATE,  
SAY LOCAL PHYSICIANS.

"SIX OPERATIONS WITHIN PAST FEW DAYS AT SANTA FE  
HOSPITAL ALONE—OTHERS AT SACRED HEART.

"Appendicitis is now holding the boards as the most popular form

of disease in Fort Madison, according to the opinions of local physicians. The disease has been very prevalent of late in the city, a large percentage of the operations at the local hospitals during the past week displaying the loss of appendixes.

"Six operations during the past week at the Santa Fe hospital are added to the toll of fallen appendixes and in practically all of the cases the ailment had reached a serious stage. All of the operations have so far been successful. A large part of the operations at the Sacred Heart hospital recently have been for the same cause. Local physicians are advising that the slogans 'Safety first' or 'Watch your step' be substituted by 'Watch your appendix.'"

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Then Infantile Paralysis epidemic was started and it had its fling, and people wondered why it was we "never" used to hear of so many cases of "Infantile Paralysis." Epidemic was started when trust ordered it. That is why you didn't hear of it before. In New York City today there are a half million cases of headache, but you don't hear of "epidemics of headaches." Wait until Chicago gets the idea, then you will have it quickly enough.

Next orgy was cutting out tonsils. Apparently God didn't know what he was doing when he made us and it takes American Medical Association to tell God how to make people. This is still going some, and it is being tried out on thousands of school children *to make money*.

Every once in a while a smallpox scare starts with same regularity that rent day comes around. 'Tis said we are certain of two things, viz.: taxes and death. Let us suggest that between taxes and death is the doctor with a persistency for our money, one way or another. Taxes are honest; death is inevitable; but doctors are a nuisance. Smallpox scares are petty, they are local; newspapers print up one case whenever and wherever found. It always ends with an admonition to "get vaccinated." Doctors don't believe in paying for advertising that brings them business. They believe in writing up a scare, under guise of "public health;" business flows their way to become immune.

Foot and Mouth Disease is no exception to above game. Veterinarians are controlled by trust under "Department of Agriculture." They have salaries to pay—country is overrun with veterinarians. They must have jobs, therefore scare, then business, then salaries. There has never been a time when some or all of these diseases haven't been as common, or more so, than



they are now. Being present then, why the fuss? Business is harder picking for M.D.'s and D.V.M.'s, therefore they manufacture it.

Ask every, any and all farmers — who are level-headed as a class — what they think about having their cattle and hogs killed without compensation, and you'll find they know a farce when they see it. But their hands are tied. Medical trust is too mighty for American farmer.

As a further example of this fact, following quotation is taken from Chicago (Ill.) Herald, of December 30, 1915:

**"MRS. DURAND IN FEAR FOR LIFE.**

**"Dairy Owner Declares 'Invisible Government' Is Persecuting Her.**

"An 'invisible government' has caused Mrs. Scott Durand to fear even for her life. This was her testimony yesterday before U. S. Senator Wm. S. Kenyon, of Iowa, at the Auditorium hotel. Mrs. Durand was one of the witnesses in the investigation being conducted for a Senate committee into the recent hoof and mouth epidemic.

"I will add 100 per cent to what has been said by others regarding persecution by the authorities,' said Mrs. Durand. 'There is an invisible government which I have become well acquainted during these years.'

"What is the invisible government?" asked Senator Kenyon.

"I may liken it to a wheel,' said Mrs. Durand. 'The hub is the packers, the spokes are certain members of the bureau of animal industry, veterinarians and state officials, and the rim is the politicians. There is a ring within a ring. The packers made millions last year by reason of the quarantine regulations imposed by the authorities. I feel the dairy farmers must shake off this invisible government.'"

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There is coming a time when subjection and domination will go too far. Great will be relief therefrom. It's on the way now. Wave is increasing in size, length and volume.

We have long regarded America as home of brave and land of free; where man may think and do as he pleases for his home and family so long as it does not destroy integrity of another family and home; where freedom abounds with same liberty as air and labor. Health — of which there is no closed intimacy between family and its home — is controlled with compulsion of a trust while politics and religion are free.

Domination by the powers that be is bad in any event, even though "powers that be" be state or trust.

This idea of creating a fictitious dis-ease and foisting it upon people will stop. Epidemics and scares are produced to make dollars for doctors.

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### "AN INVISIBLE GOVERNMENT" HAS UNSUSPECTING SUPPORT

These efforts to lead people astray cost taxpayers of New York State \$10,000,000 a year. They are dishonestly labelled and inserted in newspapers in a dishonest manner. They are issued each week by State Health Commissioner's office (another branch of the medical trust), and are but an advertisement for injurious serums and vaccines, which are making millions of dollars for manufacturers and trust doctors. Think of vast amount of money which would go to allopathic trust if every man, woman and child in this country could be vaccinated at one dollar each. It means \$100,000,000.00. It also means that if this vaccination-serum propaganda could be carried out, there would be more dis-ease and death than has ever before been seen in this country. These weekly health hints are sent to newspapers with request that they be inserted, and we have yet to see first weekly health hint that has given general public sound, solid, disinterested, valuable medical advice. There usually is a string attached, and that is, go and see the (trust) doctor.

We have before us an "S. C. A. A. News." It is published by the "State Charities Aid Association," at 105 E. Twenty-second street, New York. We dare say if this number were looked up it would prove to be printing shop of New York branch of American Medical Association. What is not done in fair name of "Charity"? Here is a publication, presumably intended to "aid" some down and outer; on reverse it is "A Bulletin of Information for Committee members," and "the state" pays bills.

It is an eight-page folder. There isn't one line devoted to "Charity." Its every page, every column, every paragraph, every line and every word is devoted to advancement of education of people for allopathic medicine.

Let us note headlines of this "Charity" publication. "Work of Health Department Endorsed by Governor Whitman." "Constitution and Social Welfare." "Tuberculosis Conference." "Health

Congress a Success." "Whitman on Health Work." "Tuberculosis Campaign." "To Vote on Hospitals." "Webster to Have Nurse." "Hospital for Chemung." "Follow Lead of New York in Health Work." "A Committee That Does Things." "Los Angeles to Employ Twenty Nurses." "Popularizing a Hospital," etc., etc.

Every hospital in country, with a few exceptions, every prison, our army and navy, are all dominated by medical trust. Men who volunteer to serve their country are forcibly vaccinated, forcibly serumized, forcibly diseased with vile concoction known as "606," which is a combination of arsenic and mercury and is supposed to be specific for syphilis, in spite of fact that at its birthplace, Berlin, Germany, a ban has been put on its use, because in first year of its existence more than 1,500 victims lost their sight. Any man in our army or navy who refuses treatment (?) is sent to the guard house or jail.

In every allopathic hospital in the country poor children are serumized. They are treated as so many cattle. Rockefeller Institution is labeled a work house of hell. There, poor children are poisoned with every conceivable abomination, and disease filth is injected into their hitherto weakened, but syphilis-less little bodies, and institution has already been sued by parents of babies who have been purposely diseased so that some meddling allopathic doctor may try out some new concoction of drugs, or some diseased horse blood, misnamed "serum."

Every state-controlled institution in this country is dominated by medical trust, and in our hospitals, should you want a drugless practitioner of any kind and insist upon it, you are thrown out of the institution.

1915 Report of Public Health Service elaborates upon their sphere of "regular" activity to that extent that it is worth copying in here:

#### "PUBLIC HEALTH REPORTS.

"The Public Health Reports have been issued weekly pursuant to the act of Congress approved February 15, 1893, and August 14, 1912. During the year the editions have averaged 72 pages. The average amount of matter published in each issue has slightly increased. THE REPORTS HAVE BEEN SENT TO STATE HEALTH OFFICERS, MEMBERS OF STATE BOARDS OF HEALTH, OFFICIALS IN STATE DEPARTMENTS OF HEALTH, MEMBERS OF MUNICIPAL AND COUNTY BOARDS OF HEALTH, LOCAL HEALTH OFFICERS, AND OFFICIALS IN

LOCAL HEALTH DEPARTMENTS. COPIES HAVE ALSO BEEN SENT UPON REQUEST TO PERSONS INTERESTED IN PUBLIC HEALTH WORK AND IDENTIFIED WITH ORGANIZATIONS, ASSOCIATIONS, OR CLUBS ACTIVELY INTERESTED IN THE CONTROL OF DISEASE AND THE PROTECTION OF HEALTH.

"In the Public Health Reports the nature and trend of PUBLIC HEALTH LEGISLATION AND OF COURT DECISIONS RELATING TO PUBLIC HEALTH LAWS HAVE MADE CURRENTLY AVAILABLE TO THE HEALTH OFFICERS AND HEALTH WORKERS OF THE COUNTRY.

"There has also been made available information of the occurrence in the United States of epidemics of diseases dangerous to the public health and of the current prevalence and geographic distribution of diseases which, because of impossibility of control, should be controlled. The facts regarding the occurrence of dangerous epidemic diseases in foreign countries were likewise made available to quarantine officers and others whose duty it is to prevent the introduction of such diseases into the United States. This information makes it possible for quarantine officers to effectively prevent the importation of such diseases from infected foreign ports without placing burdensome restrictions upon commerce.

"The Public Health Reports have also contained other matter of interest to health officers, such as reports on methods of health administration and articles dealing with the control of disease. Supplements to the Public Health Reports have been issued as separates. THESE SUPPLEMENTS CONTAIN DISCUSSIONS OF GENERAL INTEREST IN REGARD TO THE PRESERVATION OF HEALTH AND THE CONTROL OF DISEASE AND WERE ISSUED FOR DISTRIBUTION TO THE PUBLIC IN GENERAL, THEIR PURPOSE BEING PARTICULARLY EDUCATIONAL.

#### "EDUCATIONAL SUPPLEMENTS.

"THERE WERE EIGHT SUPPLEMENTS ISSUED DURING THE YEAR. THEIR COMBINED EDITIONS AGGREGATED 84,000 COPIES. THEIR EDUCATIONAL PURPOSE AND NATURE MAY BE JUDGED FROM THE TITLES, WHICH ARE GIVEN UNDER THE CHAPTER 'PUBLICATIONS' IN THIS REPORT.

#### "REPRINTS.

"MANY OF THE ARTICLES WHICH APPEAR IN THE PUBLIC HEALTH REPORTS ARE OF SUCH A NATURE THAT A WIDER DISTRIBUTION OF THEM IS DESIRABLE. THESE ARTICLES ARE REPRINTED IN THE FORM OF SEPARATES TO AVOID THE UNNECESSARY EXPENSE OF PRINTING LARGER EDITIONS OF THE PUBLIC HEALTH REPORTS THEMSELVES. THEIR ISSUE IN REPRINTS MAKES POSSIBLE THE SATISFYING OF AN EXTENSIVE DEMAND FOR THEM, WHICH

OTHERWISE COULD NOT BE MET. EIGHTY REPRINTS OF THIS NATURE HAVE BEEN ISSUED, THE AGGREGATE OF THE EDITIONS TOTALING 659,500 COPIES. FOR FURTHER INFORMATION REGARDING REPRINTS AND THEIR TITLES SEE CHAPTER ON 'PUBLICATIONS.'

"SANITARY LEGISLATION.

"The nature and effect of legislation relating to the public health adopted by states and cities have been kept under observation, and the trend of sanitary legislation has been studied and, where opportunity offered, guided into channels of practicability and proven efficiency. Copies of municipal ordinances and regulations and of state laws and regulations pertaining to the public health have been obtained currently as adopted by the several states and cities. Information of the trend of sanitary legislation and of the nature of the laws and regulations being adopted has been made available to state and local health authorities and legislative bodies by the publication of the text of such laws currently in the Public Health Reports. IN THIS WAY ALL PERSONS INTERESTED IN PUBLIC HEALTH LEGISLATION AND ADMINISTRATION HAVE BEEN ABLE TO KEEP ADVISED REGARDING THE LEGISLATIVE ACTION AND ADMINISTRATIVE PRACTICES THROUGHOUT THE COUNTRY. IT HAS MADE POSSIBLE A HELPFUL CRITICISM OF THESE LAWS AND REGULATIONS AND THE GRADUAL SELECTION OF THOSE MOST SUITED TO ACCOMPLISH THE PURPOSE FOR WHICH THEY ARE INTENDED. WITH THE COPYING AND ADOPTION OF THE BETTER-DRAFTED LAWS AND REGULATIONS THE EFFECT HAS BEEN A MARKED TENDENCY TOWARD UNIFORMITY IN LEGISLATION."

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What are we Chiropractors doing to offset this? First question, of course, is whether or not you want to educate public. Which answer depends upon whether or not you want Chiropractic to live. Medical men are fast being driven into a corner. They realize that unless they educate public their way, medicine will soon be a thing of past. They are educating public in self-defense. Rate they have established is so fast and furious that they have a tremendous head start and we have a tremendous handicap. Educationally speaking, by comparison, Chiropractors are now fast being driven into a corner. Some of us realize this, and therefore are urging a national and world-wide educational campaign to offset it.

Congress has, by a law lately passed, authorized Public Health Service to publish and send out information about dis-eases and

their cures. No doubt this is intended to prevent dis-ease. At same time, fears engendered in others by these same doctors, by their own fear of microbes, germs, and other alleged causes of dis-eases that exist only in their wrong way of thinking, cause more dis-ease and destroy more lives than their medicine and faith in their ability to heal, can save. Mostly thru fears they have created, people are afraid of what they eat, drink, breathe, and pure air that blows upon them.

That this campaign of publicity is extensive, is carried on by one school of practice, that it is typical of one school of medicine, that it is paid for at expense of people, that it is not representative literature but sectarian, that it is all done to uphold but one form of practice, that it is paid for by taxation to people who have scruples against such dissemination can easily and readily be foreseen.

Following quotation is also extracted from 1915 Report of Public Health Service heretofore referred to:

**"DISSEMINATION OF INFORMATION.**

"In order that the results of investigations shall accomplish their purpose, it is necessary to disseminate them through proper channels. Among the means taken to this end are (1) personal interviews with health authorities following particular studies within their jurisdictions, (2) publications, (3) lectures, (4) press service, (5) correspondence, (6) exhibits.

**"INTERVIEWS AND CONFERENCES.**—Inasmuch as many investigations are undertaken on the request of state and local authorities to meet an emergency, the results of investigations are frequently made known verbally as soon as obtained and advice given based on these data so that remedial action may be immediately taken. Advantage is frequently taken also of situations to advise not only the health authorities, but the mayors and councils of cities, and, at times, the executives and legislative bodies of states.

**"PUBLICATIONS.**—Monographs on sanitary subjects are regularly issued in the weekly Public Health Reports and in special publications, such as Public Health bulletins and Hygienic Laboratory bulletins. (See report on publications, p. 342.)

**"LECTURES.**—Since it is necessary for the service and its officers to keep in touch with the scientific work of others, and to make known results of work accomplished, an essential function, as previously stated, is the attendance at meetings of scientific and sanitary associations. Those in attendance at these meetings represent many sections of the country. There is accordingly presented

opportunity to disseminate information first-hand, which will in turn be utilized by others and made available through them to the public at large. Attendance at these meetings is decided upon, therefore, after taking into account the national or state character of the meeting and the objects it has to accomplish. OPPORTUNITY IS ALSO TAKEN OF THE PRESENCE OF OFFICERS IN THE FIELD TO GIVE POPULAR ADDRESSES. BY THIS MEANS NOT ONLY IS INFORMATION OF LOCAL INTEREST CONVEYED, BUT THE ACTIVITIES OF THE PUBLIC HEALTH SERVICE ARE BROUGHT DIRECTLY TO THE ATTENTION OF THE PUBLIC GENERALLY. Reference has been made in previous pages to the giving of public addresses in connection with field studies, and on page 118 appears a list of associations which were also thus popularly addressed.

"PRESS SERVICE. — THROUGH THE DIVISION OF DOMESTIC QUARANTINE BRIEF ABSTRACTS OF ALL PUBLICATIONS ISSUED HAVE BEEN FURNISHED REGULARLY TO THE NEWSPAPERS OF THE COUNTRY AND USED EXTENSIVELY BY THEM. SOME OF THE RESULTS OF INVESTIGATIONS HAVE ALSO BEEN MADE PUBLIC BY THAT DIVISION BY MEANS OF EXHIBITS AND STEREOPTICON SLIDES."

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Further evidence is found in "Public Health Administration in State of Washington," same being Reprint No. 255, from Public Health Reports for 1915, where we find, on p. 402, following:

"DISSEMINATION OF INFORMATION.

"Bulletins. — The state board of health issues a quarterly bulletin for the benefit of the health officers throughout the state. This bulletin contains information of interest to them relative to THEIR official work, including vital statistics, the prevalence and control of communicable diseases, and new laws and regulations relating to public health.

"Formerly this bulletin was issued as a monthly publication and then contained information of more popular interest, and an effort was made TO HAVE IT REACH TEACHERS AND OTHERS in addition to health officers.

"This monthly bulletin had to be discontinued on account of a lack of funds. The amount of money which is allowed to the public printer — namely, \$1,500 per annum — for publishing literature of the state board of health IS ADEQUATE, and is consumed in printing the biennial report, the quarterly bulletins, the necessary forms, stationery, etc. A large part of it goes to printing blanks needed by the bureau of vital statistics. At present it would, therefore, be impossible to publish more than is being published, and a POPULAR bulletin, such as has been suggested, FOR DISTRIBUTION

TION IN PUBLIC SCHOOLS is out of the question. In time, with an increased appropriation, the issuing of such a publication is advised.

"CIRCULARS OF INFORMATION.—Circulars of information have been issued for distribution to health officers and local registrars within the state relative to the enforcement of the vital statistics act, etc., and from time to time there have been published circulars of information on popular subjects, which are used principally for distribution while exhibits are being made. These circulars cover the subjects of tuberculosis, diphtheria, scarlet fever, general sanitation, and others of interest.

"EXHIBIT.—The exhibit of the state board of health was first shown at the Alaska-Yukon-Pacific Exposition, and during the years 1909, 1910 and 1911 was placed on the road and exhibited in all the larger towns of the state. From its inception an effort was made to make it of general public-health interest and not entirely an anti-tuberculosis exhibit. It was shown usually in a church, a schoolhouse, or public building furnished by the local authorities. Stereopticon lectures were given by local people of prominence and by the commissioner and assistant commissioner of health, and to add to the interest a musical program was provided. The exhibit was transported by the railroad companies free of charge, the only expense to the state being that of the employee in charge and the officials of the state board of health who were to deliver lectures. Since 1911 the exhibit has been greatly reduced in size and has been shown only occasionally, as at state fairs and similar public functions."

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Also in "Public Health Administration in Toledo," same being Reprint No. 284, from Public Health Reports for 1915, we find, on p. 56, following:

"DISSEMINATION OF INFORMATION.

"In addition to the circulars of information relating to the cause and prevention of diphtheria, scarlet fever, and typhoid fever, which are sent to each household from which a case of such disease is reported, the health department publishes a monthly bulletin containing the results of the examinations of milk samples, morbidity reports, and occasionally a short popular article on the subject of the milk or other food supply or the cause and prevention of some prevalent communicable disease. About 1,100 of these bulletins are sent out every month to milk dealers, doctors, health officers and other interested persons.

"The duties of a health department include those educational in nature, and it is highly desirable for such a department to inaugurate series of illustrated popular public health lectures, so that the



people may be taught the nature of the work of the department in order to co-operate understandingly, and to be in sympathy with all work attempted.

"The Committee on Public Health and Sanitation of the Toledo Commerce Club has established a system whereby they will, upon request, furnish a physician or dentist to give five-minute talks on public-health questions before schools, churches or other public or private gatherings. The idea is excellent, and the demand for the services of the lecturers is increasing every day.

#### "REGISTRATION OF BIRTHS AND DEATHS.

"The registration of births and deaths is provided for by state law, which is placed for its enforcement in a bureau of vital statistics, a subdivision of the Department of State of Ohio."

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Let it be clearly understood, we are in direct and hearty accord with endeavor of any man or set of men who are working to improve health of people. Inefficiency is at its highest and unpreparedness at its lowest ebb in human family at this time. None of this exists because of lack of opportunity of medical profession to get them well; they have had full sway for centuries, they have held opportunities galore, present condition being practically of their unrestricted making. We want the sick to reach maximum of efficiency and to be prepared, for only in such conditions can they resist invasion of external concussions which makes subluxation. But, all this foregone evidence is not of that character; its intentions are not that of teaching the sick how to get well—it has but two primal, selfish motives: First. Humanity is drifting from that which has failed towards that which is succeeding. With humanity goes its fees. Attempt is to prevent humanity from drifting from that which has failed towards that which is succeeding. Second. Public mind is being weaned from allopathy, with its theories and experiments, to that which is far less dangerous and far more practical. This entire educational propaganda consists of allopathic doses of allopathic theories under allopathic guidance at public expense against the almost inconceivable.

It is refinement of their cruelty that has added immensely to weight of human sorrow, suffering and misery. Information sent broadcast all over the country thru publications printed and sent out at public expense by Public Health Service would be amusing, if it were not so frightfully serious in its consequences. One

saving feature of it is that very few, besides doctors, read the deadly stuff, and they are so full of it they cannot be made worse. But to instill it into a free and innocent mind is no less than a crime. We have examined a number of the reports sent out by Public Health Service, and we wonder how an intelligent government, if it is intelligent on this subject, can tolerate this systematic slow poisoning of minds of people, much less pay for its printing and publication. It is appalling to think of difference that exists in fact of this deadly practice of filling public mind with belief in fear of dis-ease. This mass of hurtful and dis-ease-breeding information is supplemented by various multitudinous state and county boards of health, with their publications at state and county expense.

We have had occasion heretofore to call attention to a certain health almanac issued by State Board of Health of Kansas, by which its readers were made to expect and fear certain dis-eases at given periods of year. This bad example has been followed by other state boards. Original Health Almanac of Virginia is a fair sample of this death-dealing literature. It has for its motto, "Good health for every day of every month." It then proceeds to enumerate *diseases* to which we may look forward each month of the year, as follows:

"January, smallpox.

"February, pneumonia.

"March, measles.

"April, good wells and good water.

"May, infants' complaints.

"June, flies and mosquitoes.

"July, typhoid fever.

"August, hookworm disease.

"September, diphtheria.

"October, scarlet fever.

"November, colds and influenza.

"December, consumption."

This is a cheering prospect for readers of such stuff. One may look forward with pleasing anticipation to danger of at least twelve separate diseases each year, with a multitude of others not enumerated. And ignorant people, who rely upon supposed superior wisdom of doctors, meet each month with dread fear of at least one disease alleged to be prevalent that month; and man

who is strong enough to meet and overcome this false suggestion of disease and common fear that it engenders should feel himself fortunate indeed.

This so-called health almanac is only a sample of hundreds of fearful disease-breeding, death-dealing allopathic publications that are being distributed by millions thruout country; publications that teach people to think and believe in dis-ease, when their minds should be filled with hope and belief in life and good health; publications that are constantly suggesting sickness and death and inspiring delights of serums, which all competent medical men, as well as others, know to be one of most prolific and powerful causes of dis-ease and death. And good, innocent and deluded people, forced thereto by acts of Congress and state legislatures, unknowingly and innocently support this unhealthy propaganda with their money, and at the same time suffer consequences. Now they have used great Panama Exposition at San Francisco as a means of spreading this infection of public mind with just such deleterious and disease-breeding information, and national government is made its sponsor and advocate; and, "certainly the government can't be wrong."

North Carolina has a drastic law compelling teaching in public schools of "modes by which each of the dangerous communicable diseases are spread and the best methods for the restriction and prevention of each such disease." Listen to a reading of two sections of this law:

"Section 1. There shall be taught in every year in every public school in North Carolina the principal modes by which each of the dangerous communicable diseases are spread and the best methods for the restriction and prevention of each such disease. Such instruction shall be given by the aid of textbooks on physiology, supplemented by oral and black-board instruction. From and after July 1, 1910, no textbook on physiology shall be adopted for use in the public schools of the state unless it shall give at least one-eighth of its space to the causes and prevention of dangerous communicable diseases. Textbooks used in giving the foregoing instruction shall, before being adopted for use in the public schools, have that portion given to the instruction in communicable diseases approved by the state board of health to the state board of education.

"Sec. 2. Neglect or refusal on the part of any superintendent or teacher to comply with the provisions of this law shall be considered a sufficient cause for dismissal from the school by the school board. Any school board wilfully neglecting or refusing to comply with any of the provisions of this act shall be subject to

fine, the same as for neglect of any other duty pertaining to their office. This act shall apply to all schools in this state, including schools in cities or villages, whether incorporated under special charter or under the general laws."

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Doctors have made themselves safe, by having this law provide that textbooks used in schools shall be approved by State Board of Health. Think of giving doctors of *one school of medicine*, for that is what it means, absolute control over education of children of state in important matter of preventing and healing disease — a matter of life and death. Think of poison daily instilled into innocent minds of children by such teaching. By this law children of thousands of parents who do not believe in, but abhor such teachings, must be submitted to its evil and dangerous influences or be denied benefits of schools. Could there be any worse tyranny than this in a civilized country? Such laws come about by combinations, and sometimes conspiracies, of "members" of medical profession. They appreciate power of combination in their work. Thus Dr. Richard H. Lewis, "member" of North Carolina Board of Health, thru bulletin issued by that board, says:

"'In union there is strength,' 'In the multitude of counsellors there is wisdom,' are recognized as axiomatic truths. The advantage of organization, therefore, is such a self-evident proposition that discussion of the general subject would be a work of supererogation. I will consequently confine myself to a consideration of the special need for and the advantages to be derived from an organization of the officers of our state.

"Finally, it will promote an esprit de corps, a spirit of co-operation not only among local health officers themselves, but between them and the state board of health. In union there is strength, and if we all get together something will have to give, and we advance the cause of the public health, which means the greatest good to all the people."

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But what is this trust going to do? They realize as much as some of the rest of us in contact with public mind that education is strongest club anybody has at his command. Public education, public opinion, public law. Dr. Edwards told you that secret of their legislative success lay in their publicity campaign; they educated public mind to acceptance of Chiropractic idea. Rest

of us who are in contact with the situation realize Chiropractic education must come before Chiropractic (?) legislation. Brand Whitlock has said:

"Law in the last analysis is only that which the people will back up — therefore go to the people."

No one knows this better than American Mendicants Association when they send out their weekly newspaper to tell public that they have at last discovered and isolated germ of infantile paralysis, germ of hookworm, of this, that and other thing. At San Francisco Exposition we refused for a long time to go into the educational building, because it was largely but a palace of medical horrors — syphilitic and hookworm wax figures, etc.; everything depicted from a medical educational standpoint. Educational campaign which A. M. A. had there was glorious in its singleness and misconception.

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#### **"MEDICAL MEN PLAN FIGHT ON IRREGULARS**

"Indianapolis, Sept. 25. — That the members of the Indiana State Medical Association will fight the illegal practice of medicine in Indiana by educating the people of the state, rather than by the raising of money for a political slush fund, was emphasized at a meeting of the House of Delegates, the judicial body of the association, at the Claypool hotel, with the adoption of a resolution looking toward more determined legislation along such lines and the appropriation of \$200 to be used for postage and correspondence expense.

"While the business session was being held, Dr. Frank W. Cregor, of Indianapolis, chairman of the committee on public policy and legislation, submitted his report. After giving a resume of what was accomplished during the last legislature, mention was made of the defeat of the Chiropractors' bill, this feature causing the only discussion of the evening.

"The report suggested that personal thanks should be extended those instrumental in defeating the bill, and especially those who had voted against it. The vote, as taken at the final reading of the bill, was read, after which the report suggested that the sum of \$200 should be voted by the association toward defraying correspondence expenses.

"The delegates were not averse to the idea of thanking those who defeated the bill, but exceptions were taken to the money proposition. Dr. H. G. Bruggeman, of Fort Wayne, led in the opposition, having the idea the money was to be used as a slush fund, 'and in that case,' he said, 'we should not hesitate to make it \$2,000 instead of \$200.'

"Dr. George R. Daniels, of Marion, brought smiles to the session when he said: 'You do not need \$200 or \$2,000 to defeat illegal practice of medicine. If you wish to do away with this spine adjust business and other foolishness and monkey business, go out in your respective counties and talk to the candidates for the legislature. Educate the people, show them the danger of fooling with such quack methods, and you will have stopped the cause instead of hammering at the effects.'

"The resolution was adopted, and a committee was named to meet with the state board of registration, confer on the methods to carry on the fight against Chiropractors and report back to a meeting of the house delegates."

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### "AN INVISIBLE GOVERNMENT'S" RING-RULE

A. M. A. HAS TWO CLASSES OF MEMBERSHIP. FIRST, MEMBERS. A "MEMBER" IS ONE OF INNER RING, ONE OF CLIQUE, THOSE WHO ARE PLAYING POLITICS OF ASSOCIATION AS WELL AS POLITICS IN STATES THEY LIVE IN. THERE ARE VERY FEW MEMBERS. SECOND, FELLOWS. A "FELLOW" IS ONE OF GREATER OUTER RING WHO LEND THEIR MORAL, NUMERICAL, FINANCIAL, POLITICAL, AND PROFESSIONAL. STRENGTH TO DOINGS OF MEMBERS. HE BUYS PRINTED PRODUCT OF MEMBER AND SPREADS IT ABOUT; HE SUBSCRIBES FOR JOURNAL OF A. M. A. BECAUSE "MEMBER" REQUESTS HIM; HE VOTES FOR CERTAIN POLITICIANS BECAUSE "MEMBER" INFORMS HIM IT IS TO HIS INTEREST; HE BUYS ONLY CERTAIN DRUGS AND ENDORSES ONLY CERTAIN THINGS, BECAUSE THUS DOES HE BEST FOLLOW PROGRAM LAID DOWN BY "MEMBERS." THERE ARE ABOUT 27,000 "FELLOWS" OF THE A. M. A.

But doctors were not satisfied with their strenuous efforts to influence legislative action from outside. They conceived idea of sending "members" to legislative bodies to protect their interests. Such a man, when selected, was there for just one purpose, and that a selfish one, affecting his personal interests and that of his profession. The way this was worked in Kansas is shown by following article, taken from Journal of American Medical Association of February 15, 1913:

### **"GETTING TOGETHER IN KANSAS — AN EXAMPLE TO EMULATE**

"To the Editor: At the spring meeting of the medical society of a certain county in southwest Kansas, suggestion was made that one of the members of the society should be a candidate for the legislature in order that the interests of physicians might be safeguarded by representatives from among the profession. This was determined because the interests of physicians were menaced by the last legislature and were also seriously threatened through the activities of the Chiropractors and the League for Medical Freedom in the legislature which was to be chosen and is now in session.

"After considerable discussion it was decided that Dr. R. T. Nichols, of Liberal (the county seat), should be the person to make the race. Dr. Nichols' popularity among the people had been attested by the fact of his election as mayor, and he had shown marked executive ability as well as much forcefulness of character in the conduct of the city's business.

"Notwithstanding that the physician-candidate was a Democrat, while most of the members of the society were Republicans (Seward county is strong Republican), they stood together 'as one man' and succeeded in electing him. But the story does not end here. The doctors agreed not only that they would work for his election, which they did most heartily, but also they would turn back all of his patients on his return from the legislature and pay him a per diem bonus as well while he was in attendance at the capital.

"Dr. Nichols made his maiden speech the other day in the house, defeating the schemes of the enemies of the Kansas food and drugs law by causing the untimely death of House Bill 76. This bill called for the reorganization of the State Board of Health, replacing the majority of the physicians on the board with laymen who are interested in the manufacture and sale of food and drugs. Incidentally it might be remarked that the present Democratic governor — who won his election by a majority of twenty-six votes — was elected by the physicians of Kansas, eighty-five per cent of whom voted for him as against the Republican candidate, the publisher of the Topeka Capital and a large number of other publications which carry nostrum advertisements. Dr. Nichols is ably assisted by two other physicians, one of whom ran on a platform of public-health education, disregarding the platform of his own political party. Is it not about time that the physicians of the country should emulate the example set by the Seward County Medical Society and 'get together'? — S. J. Crumbine, M.D., Topeka, Kan."

### **"AN INVISIBLE GOVERNMENT" ENTERS POLITICS**

As another concrete example that such action is not confined to Kansas, following evidence will prove.

Letter which we now quote is on a printed letterhead of "Illinois State Medical Society," same headed "Chicago," but was not dated. It was printed as a form letter and mailed out to "regular" physicians of Illinois. (The emphasis is ours.— Author.):

"Chicago, Ill.

"Dear Doctor: Enclosed you will find a card indicating how your Senator and Representative voted at the last session of the Illinois Legislature on a medical bill of vital interest to the people and the profession.

"Retain this card for future reference; from now until the primaries and election LOSE NO OPPORTUNITY TO IMPRESS YOUR BROTHER PHYSICIAN WITH THE IMPORTANCE OF DOING EVERYTHING POSSIBLE IN A LEGITIMATE WAY TO RE-ELECT THOSE WHO VOTED RIGHT AND TO DEFEAT THOSE WHO VOTED WRONG, should any of these men seek renomination and re-election. REMEMBER EVERY PHYSICIAN CAN INFLUENCE UPWARDS OF FIFTY VOTES.

"EXPERIENCE with the last legislature should satisfy you that IN THE FUTURE IT IS UNSAFE FOR THE DOCTORS TO TRUST THEIR INTERESTS TO THE AVERAGE REPRESENTATIVE.

"Right now the physicians of Illinois should be devising plans for an active legislative propaganda campaign. The time and place to make your influence felt for good is before candidates are chosen, when friendship or antagonism for measures of proposed legislation will influence the choice of nominees. If a doctor wants to make his influence felt, IF HE WANTS HIS IDEAS ENACTED INTO LAWS, he must bear his part as a citizen in the simplest and most fundamental process that contributes to making of laws. Therefore, he should not only vote at election, but he should religiously attend the primaries, and when he neglects or feels that he is too busy to do so he ought not to complain when the right officers are not nominated and elected.

"Instead of depending upon laymen to look after his welfare, PHYSICIANS SHOULD IN GREATER NUMBERS BECOME MEMBERS OF OUR LEGISLATIVE BODIES.

"THE LANCET CLINIC SAYS WE SHOULD HAVE AT LEAST AS MANY PHYSICIANS AS LAWYERS IN OUR LEGISLATURES. CERTAIN IT IS THAT MEDICINE SHOULD BE BETTER REPRESENTED NUMERICALLY in our legislative halls.

"In a few months the new members of the House and Senate will have to be nominated and elected, and it is the duty of the profession of each Senatorial district TO SEE THAT ONE PHYSICIAN IS NOMINATED FOR BOTH HOUSE AND SENATE. Then, regardless of politics, the profession of the district should guarantee



their election. This can easily be done if every individual will put his shoulder to the wheel.

**"SURELY IN EVERY SENATORIAL DISTRICT SOME REPRESENTATIVE PHYSICIAN CAN BE INDUCED TO MAKE THE RACE FOR MEMBER OF THE LEGISLATURE.**

"The profession and the people alike would profit if the able physicians of Illinois would emulate the brilliant physicians of foreign lands, of whom the great Virchow, in Germany; Clemenceau, Combes and Augagneur, professor of the Faculty de Medicine de Lyon in France, are illustrious examples of medical men engaging in affairs of government. There are over thirty physicians in the French legislature.

"In the English Parliament are Drs. Radcliffe, founder of the Radcliffe Library of Oxford; Friend, a censor of the Royal College of Physicians; Wakely, founder of the Lancet; M. Foster, the Physiologist; Priestly, the Gynecologist; Collins, the Ophthalmologist; and W. Foster, once professor of medicine in Birmingham and a well-known medical writer.

"In America, as signers of the Declaration of Independence, we delight to honor Drs. Josiah Bartlett, Mathew Thornton, Oliver Walcott, Benjamin Rush and Lyman Hall. Hundreds of other equally illustrious examples might be cited.

"For the good of the country there is no reason why we should not have proper medical representation in Illinois. A good physician can be the best of military governors. IT WOULD BE A CREDIT TO MANY CONSTITUENCIES COULD THEY BE REPRESENTED BY EDUCATED ETHICAL MEDICAL MEN.

**"PHYSICIANS THE WORLD OVER ARE LOOKING FOR SOME SORT OF SOLUTION OF THE MANY EVILS THAT ARE OPPRESSING THEM. IT IS TIME THAT WE GET AWAY FROM LITTLE THINGS AND COMBAT THE BIG EVILS THAT AFFECT ALL. They can be corrected only through co-operative effort.**

"The Legislative Committee of the Illinois State Medical Society, while convinced the benefit that will accrue to all the people BY HAVING A LARGE NUMBER OF PHYSICIANS IN OUR NEXT SENATE LEGISLATURE, ARE LOATH TO UNDERTAKE THE WORK UNLESS THERE IS A LARGE PERCENTAGE OF DOCTORS IN THE STATE WHO WILL PROMISE TO RENDER ACTIVE AID AND ASSISTANCE in the movement.

"Please indicate on enclosed card what you will do and return to the committee at once. LEGISLATIVE COMMITTEE, ILLINOIS STATE MEDICAL SOCIETY."

Letter was contained in a blank envelope, was mailed from Chicago, Ill., on Feb. 21, 1916. In upper left corner was following wording stamped on with rubber stamp: "Return Postage Guaranteed. 1524-25 East Washington Street, Chicago."

The "a card" referred to in first line had following printed matter:

"DOCTOR: THIS IS YOUR SENATORIAL DISTRICT.

"F after the legislator's office designation (that is senator, representative, etc.) denotes voting for the notorious optometry bill; an A in a corresponding position denotes that the legislator voted against the bill. When the space designated is blank, it denotes that the legislator was absent or did not vote on roll call.

"THIRTY-SECOND DISTRICT.

"The Counties of Hancock, McDonough and Warren.

"Wm. A. Compton, Sen. (F); McDonough County; Macomb.

"John Huston, Rep., McDonough County; Blandinsville.

"Robert A. Elliott, Rep. (F); Warren County; Monmouth.

"James M. Pace, Rep., McDonough County; Macomb."

The "enclosed card" referred to in the last line of this letter was self-printed-address as follows: "Illinois State Medical Society, 1524-25 E. Washington St., Chicago, Ill., Legislative Committee." On the opposite side of this postal was the following:

"Dear Doctor: — If a majority of the Doctors in your district deem it advisable for you to be a candidate for member of the coming Legislature will you give your consent to run? (Yes) (No)

"If some other Doctor should be selected will you give him your active aid and support at the primaries and at election? (Yes.) (No.)

"Please designate the physician in your district whom you consider best qualified for member of the Legislature.

"I live in the.....Senatorial District.

"Name.....

"P. O. Address....."

Previous quoted matter was such as Medical Society sent forth to medical profession themselves. That which now follows were letters as sent forth to candidates for nomination, previous to primaries. While carefully veiled, note subtle threats telling them what they should do and what medical men will do if they don't.

First is a letter issuing forth from Illinois State Medical Society. Office of President, Chicago, Ill.:

"Chicago, Ill., August, 1914.

"Mr. James E. Simons, Fountain Green, Ill.

"Dear Sir: As a result of UNPLEASANT experiences with PAST sessions of the legislature the medical profession in Illinois IN THE

FUTURE propose to determine the attitude of candidates for the General Assembly on CONTEMPLATED medical legislation previous to the primaries. Experience has impressed upon us the fact that quite a large proportion of the legislatures are in entire ignorance of the character of some of the CONTEMPLATED VICIOUS legislation, and they fail to appreciate the fact that the medical profession will oppose such measures; for instance, members of the assembly frequently tell us when we are opposing certain obnoxious bills that they did not understand before that this or that measure was not to the liking of the medical profession, that if they had known it they would not have promised to vote for it, BUT HAVING PROMISED IT WOULD PLACE THEM IN AN EMBARRASSING POSITION IF THEY VIOLATED THEIR PLEDGE.

"In order to avoid any misunderstanding and in order that no injustice may be done anyone, the medical profession IN THE FUTURE proposes beforehand to acquaint the prospective members of the assembly in a general way as to what measures WE EXPECT TO ESPOUSE and what ones THEY EXPECT TO OPPOSE.

"The following will represent the attitude of the medical profession in the Forty-ninth General Assembly; the physicians of Illinois through the Illinois State Medical Society, Chicago Medical Society, the fifteen branch societies of the Chicago Medical Society, the one hundred and two state county medical societies and the various city medical societies throughout the state will oppose in the next General Assembly ANY LEGISLATION, THE OBJECT OF WHICH IS TO PERMIT ANY CULT TO PRACTICE MEDICINE AT A STANDARD OF MEDICAL EDUCATION LOWER THAN THOSE ALREADY IN THE FIELD UNDER THE PRETEXT THAT ITS FOLLOWERS ARE NOT PRACTICING MEDICINE. We believe there should not be TWO doors through which the field of practice of medicine may be entered, that REGARDLESS OF THE METHODS or limitations of treatment employed, practitioners are alike and that they must make diagnosis, must differentiate between health and disease. To treat disease without knowing what it is is merely guess work, a dangerous procedure and an imposition on the patient; for instance, the optician who knows nothing whatsoever about anatomy, physiology or pathology is utterly incompetent to decide what the meaning of the patient's symptoms may be, they sometimes may indicate the need of glasses, quite often they may have nothing to do with that need. The determination of this important question can, in the interest of the patient, be only settled by one who has made a study of human anatomy, physiology, etc., in other words, by the educated trained physician. For these reasons there should be but ONE standard for ALL practitioners of medicine REGARDLESS OF THE METHODS OF TREATMENT; anyone complying with that standard should be granted a license TO PRACTICE MEDICINE by whatever method he chooses.

"We are in favor of amending the medical practice act so as to give the State Board of Health POWER TO REVOKE (for cause) licenses issued to physicians prior to 1899. Under the present law the board may revoke licenses issued since that date, but not those secured before 1899. The board should have POWER TO REVOKE all licenses for the same causes it may revoke licenses issued since 1899. The present condition of affairs IS INTOLERABLE. The authority of the State Board of Health IS UNABLE TO PROTECT THE PEOPLE FROM THE IMPOSITION OF FRAUDS, QUACKS, CHARLATANS AND IMPOSTERS.

"In order that we may be able to report to the medical profession at the earliest possible moment the attitude of the respective candidates, WILL YOU KINDLY INDICATE on the enclosed postal (which is sent as a matter of convenience) or by personal letter what if elected YOUR INCLINATION WOULD BE along the line of medical legislation.

"No doubt some of the local medical societies will write you along this same line, but in order that our reports may be uniform over the entire state WE ASK YOU NOT TO OVERLOOK REPLYING TO THIS COMMUNICATION.

"Thanking you in advance, we are, very truly,

"A. L. BRITTIN, M.D., Athens, President;

"W. H. GILMORE, M.D., Mt. Vernon, Secretary;

"J. H. BACON, M.D., Peoria;

"NOBLE M. EBERHARDT, M.D., Chicago;

"L. C. TAYLOR, Springfield, Chairman,

"Committee on Medical Legislation, Illinois State Medical Society.

"CHAS. J. WHALEN, M.D., Chicago, President-elect;

"C. E. HUMISTON, M.D., Chicago, Secretary;

"NOBLE M. EBERHARDT, M.D., Chicago;

"E. M. WEBBER, M.D., Chicago;

"J. V. FOWLER, M.D., Chicago, Chairman,

"Public Relation Committee of Chicago Medical Society."

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That which now follows was a printed post-card. On address side was "Drs. Fowler and Taylor, Chairmen of Public Relation and Legislative Committees, Illinois State and Chicago Medical Societies, 31 West Lake Street, Chicago, Ill." On opposite side was a pledge, exact wording of which is as follows:

"If elected to the Illinois Legislature I WILL DO MY UTMOST TO MAINTAIN ONE STANDARD FOR ALL PRACTITIONERS OF MEDICINE AND WILL USE MY INFLUENCE TO DEFEAT

ANY LEGISLATION THE OBJECT OF WHICH IS TO PERMIT ANY CULT TO PRACTICE MEDICINE AT A STANDARD OF MEDICAL EDUCATION LOWER THAN THOSE ALREADY IN THE FIELD under the pretext that its followers are not practicing medicine. I shall at all times support medical legislation which is in the interest of the people of the state and not for the interest OF ANY SPECIAL CULT OR SCHOOL OF PRACTICE. I shall vote to retain, in Illinois, A ONE BOARD SUPERVISION OVER ALL MEDICAL MATTERS, INCLUDING THE EXAMINATION OF CANDIDATES FOR PRACTICE. THAT THE EXAMINATION BE FOR ALL ALIKE, WHETHER THEY BELONG TO THE NOW RECOGNIZED SCHOOLS OF MEDICINE OR HAVE TACKED ONTO THEIR NAMES SOME 'PATH,' 'CULT' OR 'ISM.'

"I will use my best efforts to help amend the medical practice act so as to give the State Board of Health supervision over all medical licenses issued by the State of Illinois. Under the present law the State Board of Health has jurisdiction only over those issued since 1899.

"Candidate from the.....and.....District

.....  
....."

That such methods are not confined to Kansas and Illinois is evident by following, which comes from Indiana. This article appeared in Logansport (Indiana) Pharos-Reporter of March 20th, 1916, under heading "Contemporary Editorial Comment":

#### "PARTY CANDIDATES AND THE A. M. A.

"The recently developed tendency to interrogate candidates as to their position upon specific questions HAS REACHED THE ABSURD in Peru, Miami County.

"Where moral questions are involved, it may be entirely proper to ask the candidate to state his position, BUT when men direct these queries to candidates for the purpose of ascertaining their views ON QUESTIONS WHICH INVOLVE ONLY THE INTERESTED PURPOSES OF A CERTAIN CLASS OF PROFESSION, IT IS TIME TO EXPOSE AND TO RESTRAIN THE ATTEMPT.

"We quote below a singular communication which was directed to the candidates on the Miami County Republican ticket and which ought to be carefully as well as thoroughly considered by the public:

"J. C. Fretz, President, Deedsville, Ind.

"P. B. Carter, Secretary-Treasurer, Macy, Ind.

"G. G. Eckert, Councilor, Marion, Ind.

"Eleventh Councilor District Medical Association, Feb. 26, 1916.

"Dear Sir: As a physician voting the Republican ticket, I am addressing you on behalf of the Republican physicians of Miami County. The medical profession of Indiana is fighting at this time to maintain its present high standard and we are asking each candidate for the legislature, irrespective of party, where he stands in this respect.

"Please inform me, will you, if elected, give your support to the following proposition:

"That everyone professing to practice the healing art, as defined by the Indiana state medical law, shall satisfy the state as to his or her preliminary training, attendance upon A REPUTABLE MEDICAL COLLEGE, and pass an examination BEFORE THE STATE BOARD OF MEDICAL REGISTRATION. NO EXCEPTIONS SHOULD BE MADE and no discriminations permitted. Let all be measured with the same stick.

"An early reply is requested in order that a copy may be placed in the hands of each Republican physician in the county for his guidance at the primary. Yours respectfully,

"(Signed) P. B. CARTER."

"It doesn't take a great deal of perspicuity TO SEE THE THREAT INVOLVED and, according to our view of American philosophy of government, IS A DANGEROUS ATTACK UPON THE FREEDOM which our representatives are presumed to have.

"THE AMERICAN MEDICAL ASSOCIATION IS UNPARALLELED FOR THE ADROITNESS AND PERSISTENCE OF ITS EFFORTS TO SECURE LEGISLATION FOR THE BENEFIT OF THE MEDICAL PROFESSION, AND THE DOCTOR 'IN POLITICS' HAS BECOME SO COMMON THAT IT IS IN SOME LOCALITIES, AT LEAST, DIFFICULT TO FIND A DOCTOR WHO IS NOT 'IN POLITICS.' The time has come when this association may as well know that IT CANNOT CONTINUE to repress the scientific advance of the world and that there are developments in the thought of men which transcend the narrow limits of any school or association.

"We can recall vividly the day when all the venom of hate was directed toward those who suggested 'homeopathy'; a time when these latter advocates were the butt of allopathic ridicule, and that continued until the narrowness of the view of the 'regulars' disgusted the public and then attacks ceased.

"The letter above quoted has for its object an attack upon all drugless healing, including Christian Science, Osteopathy and the profession of the Chiropractor. THE PEOPLE DO NOT NEED A GUARDIAN TO INSTRUCT THEM HOW TO THINK ON THESE THINGS AND, IF THEY DO, THEY WILL UNDOUBTEDLY ASSUME THE SELECTION OF THEIR OWN MONITORS. The writer of this article is not a Christian Scientist, but he has had long enough experience to come to the safe conclusion that the world has not reached its maximum of healing knowledge IN THE BOOKS OF MEDICAL DOCTORS.

"It seems that the time is coming when it will be necessary to ask every candidate whether he has pledged himself to vote FOR special legislation OR WHETHER HE IS FREE TO ACT THE PART OF AN AMERICAN CITIZEN IF ELECTED TO REPRESENT THE PUBLIC.

"There are great numbers of individual physicians who have and merit the profound respect of the people; who are learned, conscientious and broad-minded, BUT THAT REMARKABLE POLITICAL MACHINE AMONG THE MEMBERS OF THE PROFESSION — OTHERWISE KNOWN AS THE 'AMERICAN MEDICAL ASSOCIATION' — IS HEADED TOWARD THE ROCKS IF IT MEANS TO CONTINUE AS IT HAS BEEN MOVING IN THE PAST.

"If any of these Miami County candidates yielded to the insidious threat of the 'Republican' doctors, they ought to make it their first business to forget that forced promise, for it is against the honor and dignity of their office.

"It is no part of the purpose of The Dispatch to offend the individual members of the medical profession, and we speak thus plainly because we feel that the average physician has little to do with the political activities of the American Medical Association. The assertion of that organization so often heard that 'the requirement of the law providing that physicians should have a certain training' should be extended to all who seek to heal diseases, is without force, for it may be asked 'who is responsible for these laws?' Did the American Medical Association work incessantly until these laws were enacted? And was not the motive something other than merely to 'raise the standard of the profession'? If some special class prefer to spin around and entangle themselves in a web of politico-professional enactments, is that any reason why the whole human race should be required to do the same thing? Nobody desires to practice medicine with the compliance with legal regulations—but practicing medicine is not the whole healing, and those who do not use medicine in healing should not be required to take the course in medicine.

"Hence we think that the activity of the American Medical Association is undemocratic AND DANGEROUS TO THE HIGHEST INTERESTS OF THE PEOPLE OF THIS REPUBLIC, AND THE SOONER WE CONFINE THEIR ENERGIES TO THE PROMOTION OF THEIR OWN CAUSE and deny them the right to dictate to the rest of us as to whom we shall employ when we are ailing, and as to what limitations we shall make on the right of people to choose in the methods of healing, the sooner WE SHALL RID OURSELVES OF A BURDEN WHICH IS JUST NOW GETTING TO BE INTOLERABLE."

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From state after state comes information of working of "An Invisible Government." It is our duty, here and now, to unearth evidence and make that which is now invisible to the public visible so they may understand and know.

That which follows was an editorial in Kokomo (Indiana) Dispatch of March 17, 1916:

"The recently developed tendency to interrogate candidates as to their position upon specific questions has reached the absurd in Peru, Miami County.

"Where moral questions are involved it may be entirely proper to ask the candidate to state his position, but when men direct these queries to candidates for the purpose of ascertaining their views on questions which involve only the interested purposes of a certain class or profession, it is time to expose and to restrain the attempt.

"We quote below a singular communication which was directed to the candidates on the Miami County Republican tickets and which ought to be carefully as well as thoughtfully considered by the public:

"J. C. FRETZ, President,

"Deedsville, Ind.

"G. G. ECKERT, Councilor,

"Marion, Ind.

"P. B. CARTER, Secretary-Treasurer, Macy, Ind.

"ELEVENTH COUNCILOR DISTRICT MEDICAL  
ASSOCIATION

"February 26, 1916.

"Dear Sir: As a physician voting the Republican ticket, I am addressing you on behalf of the Republican physicians of Miami County. The medical profession of Indiana is fighting at this time to maintain its present high standard, and we are asking each candidate for the legislature, irrespective of party, where he stands in this respect.

"Please inform me, will you, if elected, give your support to the following proposition:

"That everyone professing to practice the healing art, as defined by the Indiana state medical law, shall satisfy the state as to his or her preliminary training, attendance upon a reputable medical college, and pass an examination before the state board of medical registration. No exemptions should be made and no discriminations permitted. Let all be measured with the same stick.

"An early reply is requested, in order that a copy may be placed in the hands of each Republican physician in the county FOR HIS GUIDANCE AT THE PRIMARY. Yours respectfully,

"(Signed) P. B. CARTER."

"It doesn't take a great deal of perspicuity to see the threat involved, and, according to our view of American philosophy of government, is a dangerous attack upon the freedom which our representatives are presumed to have.



"The American Medical Association is unparalleled for the adroitness and persistence of its efforts to secure legislation for the benefit of the medical profession, and the doctor 'in politics' has become so common that it is, in some localities at least, difficult to find a doctor who is not 'in politics.' The time has come when this association may as well know that it cannot continue to repress the scientific advance of the world and that there are developments in the thoughts of men which transcend the narrow limits of any school or association."

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That such political activities are not local is unquestionably settled by this time. It is not necessary, we take it, to prove by more than one instance from each state, that such an activity is broadcast; that it is more than of state size, and is actually national in its scope.

Following is copied from Spokane (Washington) Chronicle of May 23rd, 1916:

"PHYSICIANS ENTER POLITICS.  
"WILL SWAT THE CANDIDATE WHO DOES NOT  
STAND RIGHT.

"WANT LEGISLATORS PLEDGED OPENLY AGAINST  
DRUGLESS HEALERS' BILL.

"Swat the candidate who will not promise,' is the slogan of the Washington State Medical Association.

"The office seeker, no matter of what party, who chances to hedge will be given a political anesthetic by the medical fraternity.

"Political leaders are influenced by but one motive—"success"—and when the political leaders see the physicians' potential power transformed into activity, the knees will bend and an attentive ear will listen,' says a paragraph of a letter sent out by the trustees of the association to every medical man in the state.

"Charges that legislators have failed to fulfill promises made to the physicians in the past and that candidates for legislative office have 'hedged' are made in the letter and by local physicians.

"In addition to the candidates for the legislature we are going to give some attention to executive officers, the governor, for instance,' said Dr. Semple. We are, of course, pleased with Governor Lister's veto of the drugless act passed by the last legislature, but this will not bind us to him. There are perhaps other men who would do the same thing if given the opportunity. ONE THING CERTAIN, WE WILL OPPOSE THE ELECTION OF ANY MAN TO ANY OFFICE SHOULD HE EXPRESS HIMSELF AS FAVORABLE TO THESE DRUGLESS PRACTITIONERS.

**"TAKEN PHYSICIANS LIGHTLY.**

"In the past, candidates for office have made promises and then violated them. **THEY HAVE TAKEN PHYSICIANS TOO LIGHTLY, AND THIS YEAR, FOR THE FIRST TIME, WE ARE ORGANIZED FOR THE ADVANCEMENT OF OUR POLITICAL IDEAS.**

"Candidates for the legislature probably will be asked to speak before the county medical societies throughout the state, and in this way **WE CAN LINE THEM UP.**

"That the matter has been before the meetings of the Spokane County Medical Society on several occasions recently and heartily indorsed by the members, was the statement of Dr. Alexander Lundgren of Spokane, treasurer of the society.

**"TIME FOR ALLIANCE.**

"Dear Doctor: The trustees of the association wish to direct your attention to the approaching fall election, as it is evident that the time has arrived when it is absolutely essential to our welfare that we form a strong offensive and defensive alliance.

"When the next legislature convenes, certain medical legislation will come up for consideration that will not only be inimical to our welfare, but a menace to the public health; and it will require the utmost diligence and the closest co-operation on our part to defeat it.

"Two far-reaching matters will come before the people of the state and the legislature. The first applies to medical and surgical treatment of cases coming under the Industrial Commission. The referendum bill now filed places the selection of physicians and surgeons wholly with the commission, neither employer nor employee having anything to say as to what medical men will be employed. This is an exceedingly pernicious doctrine likely to lead to the formation of a political machine, detrimental alike to the injured employees and the medical profession. This measure should be defeated at the polls.

"The second is the drugless healers' bill. This bill will come before the next legislature, and every effort should be made to ascertain the attitude in regard to it of every candidate for election to the legislature.

"Under the cry of 'Medical Freedom,' a class of men without adequate training in medical matters are endeavoring to have a law passed authorizing the creation of a new examining board because they cannot meet the requirements of the present medical examining board. The present law requires that each candidate for license to practice must have a fair knowledge of the fundamentals of medical science, and to this the drugless healers object because they have it not. No candidate for election to the state senate or

house of representatives should be supported unless he pledges himself to oppose any measure that will foist upon an unsuspecting public healers who are ignorant of the basic principles governing health and disease.

"Interview Candidates.

"Our plan is to interview, by a committee of two or more, all candidates for election to the legislature immediately after they have filed their declaration to become candidates. It is more difficult to deny a given pledge when two or more have heard it made. We should work strenuously for those who give satisfactory pledges, AND OPPOSE WITH EQUAL FORCE THOSE WHO DO NOT, OR WHO 'HEDGE.'"

### "AN INVISIBLE GOVERNMENT'S" COERCIONS

As further proof of aggressive nature of medico-politicos, we have but to note this bit of audacity, probably duplicated many times. It is taken for granted that when any legislator votes, he does so because it is, in his opinion, proper thing to do. Imagine a county medical society demanding presence of a legislator at one of their meetings and then and there giving an accounting to them for his actions! Presumption supreme!

Here is evidence of such an action:

"Davis, Cal., July 14, 1916.

"Dr. Walter Ernest Bates, Davis, Cal.

"Hon. W. E. Duncan,

"Senator Sixth Senatorial District,

"Oroville, Cal.

"Dear Doctor: During the session of the legislature just completed several bills of great interest in regard to medical practice and procedure were brought up for consideration. The members of the Yolo County Society for Medical Improvement have watched with interest these bills and your vote upon them AND DISAPPROVE OF YOUR ATTITUDE ON MOST OF THESE BILLS. WE EXPECT TO TAKE SOME ACTION IN THE MATTER, but before doing so wish first to lay before you our reasons for disapproval on each bill. WE WOULD THEN BE PLEASED TO MEET YOU AND HEAR ANYTHING YOU MIGHT HAVE TO SAY ON THE SUBJECT.

"Broadly stated, all your votes HAVE PRACTICALLY BEEN AGAINST THE WISHES OF THE SEVERAL THOUSAND REGULAR PHYSICIANS OF THE STATE and your district and at least LENT AID AND COMFORT TO THE COMPARATIVELY SMALL NUMBER OF IRREGULAR PRACTITIONERS THEREIN.

"Our regular meetings are held in Woodland on the first Tuesday of the month. IF YOU WILL MEET WITH US ON THE DATE, THE HOUR AND

PLACE WILL BE ARRANGED AND WE WILL ENDEAVOR TO HAVE HON. L. N. TABLER THERE ALSO.

"We will here state that this society is composed of ALL the physicians in Yolo County with two or three exceptions and a few from Glenn County.

"The following are our criticisms on the several bills in which we are most interested:"

(Which we will omit.)

"Awaiting an early reply and trusting that it will be convenient for you to confer with us as outlined above, I am, respectfully yours,

"(Signed) Yolo County Society for Medical Improvement. Per Lela Beebe, Secretary.

"Yolo County Society for Medical Improvement, Woodland, Cal."

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"Oroville, Cal., August 14, 1916.

"Gentlemen: I had hoped to be able to meet with you in person and discuss with you your very courteous letter of July 14th, but from present indications I cannot see how I can get away in the very near future, and will, therefore, present to you in some detail the reasons influencing my vote on the several bills.

"May I at the outset express some doubt as to whether you have really examined the bills as they were FINALLY ACTED UPON BY THE LEGISLATURE, or whether you have simply taken a synopsis of them AS PUBLISHED IN SOME MEDICAL JOURNAL?

"The physicians attending in my family are of the 'regular' or allopathic school. At the same time I know of many people who have the utmost confidence in, and who have received benefit from treatments given by those of the Homeopathic, Eclectic, Osteopathic, Chiropractic, Christian Science and perhaps other branches of the healing art.

"Because I happen to rely on those who are graduates in a certain line of medical education seems to me to be no reason why I should refuse to others who do not agree with me the right to be treated by those in whom they have confidence. You must also admit that cures are made by each of these schools, although I have a suspicion that some of them are very much more efficacious in nerve cases than they would be in pneumonia or cancer.

"Perhaps you will not agree with my liberal views on this question, but may I also remind you that you do not agree among yourselves even as to the schools that are probably represented in your society.

"Assuming that you follow the practice which has been largely in vogue in medical colleges, the so-called 'regular physician' in his heart regards the Homeopath as a rank faker, while both schools in a measure look upon the Eclectic with his continual search for 'specifics' as a sort of a rainbow chaser. In fact, if I am not mistaken, both the Homeopathic and Eclectic

had rather a hard time for many years to secure any representation at all on the State Board of Medical Examiners.

"Another thing which I believe you will admit is that some of the patients of the most 'regular' physicians die, while some of the patients of the present outlawed schools recover.

"You will, I trust, also admit that all physicians of the same school do not always agree on their diagnosis, or line of treatment to be pursued. I have in mind certain 'regular' physicians if I were to choose between their treatment and that of a reasonably competent veterinarian, I would take the latter. This is not because I consider myself a quadruped, but because the physicians I have in mind are entirely incompetent.

"There is one thing, however, that I do 'stick for,' and I think you will find nothing inconsistent with my attitude in any of the bills upon which I have voted and that is this: No practitioner of the healing art shall misrepresent himself. I require that he 'be true to label' and 'labeled true.' Then if the public want a certain brand of healer, no matter what he may call himself, they have him provided only that they know what they are getting and are not deceived.

"I have in mind a physician who built up a practice on the strength of being a Homeopath. That man will frequently give fifteen grains of quinine at a dose and other medicines about as liberally. Such a man in my opinion, is simply deceiving the public.

"Again, on each of these bills on which I voted, I satisfied myself that the course of study prescribed in diagnosis was equal to that prescribed by any of the other schools. In fact, I believe it was more strenuous. I did this for the reason that while I felt that if my next door neighbor desired to be treated by a Christian Scientist and possibly die under the treatment, it was his privilege to do so, but that this privilege did not exist in the event that it should prove to be a disease which would imperil the health of my family or myself.

"In other words, I recognized his right to choose his own healer, provided that healer possessed sufficient knowledge to guard the public generally against contagion or infection.

"In holding this opinion, I find myself supported by the highest courts in the United States and I will venture to quote to you one or two decisions along this line. In *School of Magnetic Healing vs. McNulty*, 187, U. S. 94.

"Mr. Justice Peckham in reversing the decision of the lower court: 'You may not believe in the efficiency of the treatment to the extent claimed by complainants and we may have no sympathy in such claim and yet the effectiveness is but a matter of opinion in any court.'

"Again referring to the Homeopathic and Regular Schools, the Court says:

"'Of these different schools of medicine, their followers and many who believe in one will pronounce the other wholly devoid of merit. But there is no precise standard by which to measure the claims of either, for people do recover who are treated according to the one or the other school.'

"United States vs. Johnson, 221 U. S. 489, Mr. Holmes in delivering the opinion of the Court said:

"The Court will take judicial notice that there are many different schools of medicine whose method of treatment and whose opinion of curative properties of drugs and medicine radically differ — some refusing to ascribe any medical virtue to any drug under any circumstance.

"A claim that certain beneficial results will follow the use of a prescribed drug or medicine obviously is not a statement of an existing fact, but it is a forecast concerning a future event and is in the nature of things an expression of an opinion.'

"Minnesota vs. Barber, 133 U. S. 319:

"The presumption that the statute was enacted in good faith for the purpose expressed in its title, namely, to protect the health of the people of the state, cannot control the final determination of the question, whether it is not repugnant to the constitution of the United States. There may be no purpose upon the part of the legislature to violate the provisions of that instrument, and yet a statute enacted by it, under the power of law, may, by its necessary operation, be destructive of rights granted or secured by the constitution. In such cases the courts must sustain the supreme law of the land by declaring the statute unconstitutional and void.'

"Ohio vs. Gravett, 65 Ohio St. Rep. 298.

"The Court held: 'Authority to discriminate against Osteopathy would imply authority to discriminate against any other school of medicine. This discrimination against those who occupy the position of defendant is unwarrantable and compliance with it cannot be required.'

"Now the trend and purpose of all the bills you mention was virtually to set up a precise standard of the healing art. In other words, to practically 'freeze out' everyone not of the Allopathic, Homeopathic or Eclectic schools, and this attempt was made when among the three schools that I have mentioned there is a violent and wide divergence of opinion as to their respective merit.

"As a member of the legislature I feel that it is my duty to at all times protect the public from imposition and you will always find me voting in that way. At the same time, I do not feel called to stand for measures which will enable one part of my constituency or one particular school of healers to shut out and make criminals of some of the other schools with whom they disagree.

"Now to take up the bills more in detail."

(Which we will also omit here.)

"Analyzed, I find that your complaint is about as follows:

"You complain of my vote on five different measures. In each of these measures my vote is identical with that of Dr. Butler. In two of them it is also identical with the vote of Senator Benson, who, as you know, was the representative of the Medical Board on the floor of the Senate. On one of these bills Senator Mott (a regular physician) also voted with Butler, Benson and myself.

"To be entirely frank with you, therefore, it does not seem that you have great cause for complaint, when I find myself so abundantly supported by those of your own school.

"In connection with the general subject, may I also say that it is exceedingly difficult for a member of the legislature to please everyone and it is practically impossible for him to please anyone on all subjects. HE MUST VOTE ACCORDING TO HIS BEST JUDGMENT AFTER RECEIVING SUCH LIGHT ON THE SUBJECT AS HE CAN RECEIVE.

"I have stood for what I believe to be good, clean, honest measures, have voted against several pernicious ones and have the satisfaction of being applauded by many people and the well-nigh equal satisfaction of being condemned by quite a number. The liquor interests are particularly active in their condemnation.

"You have it in your power to pass resolutions denouncing and condemning me for my vote on these bills. YOU MIGHT EVEN SECURE THE ELECTION OF SOMEONE IN MY PLACE WHO WOULD VOTE JUST AS YOU DESIRED ON BILLS OF THIS CHARACTER AND DIAMETRICALLY OPPOSE YOUR VIEWS AND EVERYTHING ELSE.

"Whether it is advisable for you to take such action toward men who vote conscientiously and according to the best lights which they receive, is for you to determine. Should you do so, you would, of course, place me in a position of having to 'fight back' both in print and on the stump.

"In any case and whatever may be your action, I wish to thank you for your courtesy in permitting me to be heard in my own behalf, and I wish to assure you that only the distance and expense of making the trip prevents me from appearing before you in person.

"Very truly yours,  
"W. E. DUNCAN."

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## BACK TO POLITICAL CHICANERY

We do not know how many times it would become necessary to repeat various letters of kind preceding to convince any average reader, as well as politician or legislator, that such political tactics are being pursued in practically every state in United States. We apologize to every reader for constantly repeating what is practically same matter intended to same end. Our only excuse is to pile up state after state to show that such invisible government attempt to control legislators IS universal and is not confined to one or two scattered states.

Following is that kind of letter issued by South Dakota Medical Association:

"SOUTH DAKOTA STATE MEDICAL ASSOCIATION.

"Office of F. A. Spafford, Chairman Legislative Committee,

"Flandreau, S. D., Oct. 21, 1916.

"THE PHYSICIANS OF SOUTH DAKOTA.

"Gentlemen: In January, 1917, the South Dakota legislature will convene, and at that time measures will be proposed and possibly enacted that will vitally affect the people, **ESPECIALLY THE PHYSICIANS OF THE STATE.**

"The Chiropractors have already begun a campaign to secure support from the legislators favorable to a chiropractor bill, and they will be well represented, both financially and otherwise.

"We have learned from past observation and experience that many of our house members and senators are imbued with the idea that medical registration and health laws are proposed entirely by and for the benefit of the medical profession, many of them believing that these laws are introduced from ulterior and selfish motives, and as long as our state organization is inactive and inefficient, it will be impossible to meet successfully the organized campaign of the fakers, imposters and charlatans who are at the present time clamoring for state recognition.

"The medical practice act of this state, which is similar to that of other states, was passed for the purpose of establishing a standard of education, both preliminary and medical, that men entering this field would at least be armed with sufficient knowledge of the fundamental branches as to fit them for the profession which they had adopted, and that the public should have knowledge of their fitness through the findings of a board of examiners.

"The only purpose of legislation of this kind **IS TO PROTECT THE PUBLIC** from the impostors and incompetents who will flood this state if they succeed in receiving state recognition. The results of a situation of this kind are apparent; the **PUBLIC** could not be protected, the health of the state and the welfare of the citizens would be jeopardized.

"As physicians, we have no objection to chiropractors or others who can successfully pass an open and fair examination given by our state or national examining board, thereby demonstrating their fitness to enter a profession the pursuance of which is of no less importance than a matter of life and death.

"To license men who are not qualified and efficient would be a state-wide calamity.

"We must impress the fact upon our legislators that medical license laws are not enacted for the purpose of protecting the physicians, but for the sole purpose of standardizing the educational qualifications of graduates from all schools of practice, that the **PUBLIC** may be protected from the self-appointed healer with the same rigid requirements that protects it from ignorant and unqualified physicians from any regular school.

"The Secretary and President of the State Medical Association have through a circular letter, brought the importance of securing recognition from your county representatives, and the only way to secure certain



results is to demonstrate to those desiring political recognition that the medical profession is a factor of sufficient importance to be recognized. This movement should be non-partisan, as our object is one of principle and public welfare. We should let it be clearly understood that we are for men who are big enough and fair enough to give our cause intelligent consideration.

"To carry out a movement of this kind successfully we must co-ordinate ourselves into a more unified organization, and work through that organization as a unit. The time has come when every physician should belong to the State Society and take part in its deliberations. For the foregoing reasons those of us who are not members should join the Society and assist in this work financially and otherwise in a just effort to maintain the integrity and dignity of our profession.

"If you are in a position to advise or suggest any method that would be of value at this time, write to Dr. R. D. Alway, Secretary of the South Dakota State Medical Association, Aberdeen, South Dakota. Fraternally yours, FREDERICK A. SPAFFORD, Chairman of the Legislative Committee, State Medical Association."

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We now add Utah to this list of seemingly medically owned states. Somehow medical men seem to think they have a right to dictate policy to legislators when it comes to medical matters. They seem to assume that because they are educated in one rut on this question all others not so handicapped are ignorant of all health reasoning, therefore incompetent to think along independent lines, therefore should heed their advice as tho it came with grace of God. Legislators do not agree with them in United States nowadays.

"Members Legislative Committee:

"DR. ELSIE ADA FAUST.

DR. FRED STAUFFER.

"DR. R. S. ALLISON.

DR. S. H. ALLEN.

"DR. T. C. GIBSON.

DR. JOHN J. GALLIGAN.

"DR. S. H. BALDWIN.

"Salt Lake City, Utah, Oct. 19, 1916.

"Dear Doctor:

"On account of the agitation that is being promoted by the various cults in this state to invalidate the efficiency of our medical laws, we feel that it is highly important that the profession of this state is bestirred before election to do what it can to elect legislators at the coming election who will not be favorable to any such vicious legislation.

"Our plan is to forward this letter to each doctor in the state, urging him to at once communicate with the legislative nominee in his district to ascertain his attitude on this question, and he, in

turn, is to forward same to this committee, so that we may advise the doctors of the state and warn them to use their influence against candidates whose expressed opinions are against safe and sane medical legislation.

"We do not want to apprise the opposition of any efforts that are being made on our part, hence, you are urged to keep this matter confidential. Also, we advise that you assure your legislative candidate that any expression he may give you be held confidential, unless it is unfavorable to our cause.

"The medical profession of this state is, as we understand it, not asking for any new legislation, but simply want our present law, which compares favorably with that of other states, thus permitting unrestricted reciprocity with a great many of them, left undisturbed. We are simply asking that the various cults, if they wish to practice in this state, be required to as thoroughly equip themselves to practice the art of healing as present law requires of us.

"This matter is important to you, doctor, and we hope that you will give it your early attention and report to this committee at once. Yours very truly, R. S. ALLISON, Chairman. No. 831 Boston Building."

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Above letter is a sample of underhanded methods Medical Trust will resort to. Note threat of medical men to use influence against honest, broad-minded legislators who have courage to support legislation, having as its aim upholding of rights of people who desire privilege of employing practitioner of their choice — a right now denied them by laws enacted for medical men, which is really class legislation. Take note of sagacity these medical men display when they try to avoid apprising opposition of their underhanded trickery.

Chiropractors have been and are now making their appeal direct to those interested — THE PEOPLE.

If Chiropractic is wrong, why attempt to legislate Chiropractors out of business — science will die a natural death, killed by its inefficiency. Fact that our medical friends feel pressure of its worth on their pocketbooks, where it hurts the most, is reason why they want to legislate Chiropractors out of business, thus insuring themselves a continued prosperity, at expense of suffering public.

To the above list, let us now add Iowa:

## "IOWA STATE MEDICAL SOCIETY.

"Chariton, Iowa, Nov. 1st, 1916.

"Dear Doctor: Being a member of the Committee of 100 appointed by the Iowa State Medical Society FOR THE PURPOSE OF PREVENTING LEGISLATION DETRIMENTAL TO THE DOCTORS OF IOWA, I take the liberty of addressing you in regard to the election of Mr. .... of ..... as State Senator.

"I have the assurance that he will give his influence TO PREVENT THE PASSAGE OF ANY BILLS IN THE LEGISLATURE, UNFAVORABLE OR UNJUST TO THE MEDICAL PROFESSION.

"As you know the cult Chiropractors have no license or certificate to practice the healing art; yet without any preliminary education or MEDICAL knowledge, they come among us, put out their signs, and pass themselves off on the Public as educated doctors.

"They are going to ask for a lowering of requirements and for a separate State Board of Examiners; at present we have one Board which efficiently and satisfactorily examines and passes upon the qualifications of four schools—regulars, homeopaths, eclectics, and osteopaths. Why should this new cult not come under the present Board, and meet the same requirements as other doctors? Let all pass the same Board and then practice what they please. If a special Board is created for these Chiros and others of their kind, IT WILL NOT BE FAIR TO THE DOCTORS OF IOWA; therefore, I hope that you may see your way to support a candidate whose legislative acts WILL BE IN HARMONY WITH THE WISHES OF THE DOCTORS.

"It is needless to say that it will be best TO WORK QUIETLY among your friends. Very truly, Jeannette F. Trockmorton, (M.D.)"

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These steps are not taken in public's interest. Reasons for them are clearly stated in article written by one of the doctors. It was "in order that the interests of physicians might be safeguarded by representatives from among the profession," and "this was determined because interests of physicians were menaced by last legislature, and were also seriously threatened" at coming one.

So they, the doctors, generously agreed to take care of patients of member of profession who was chosen to sacrifice himself in their interest and pay him a per diem for his services, not to his state, but to doctors. They seemed filled with pride that they

elected their fellow member, whose interests and theirs were in jeopardy, and also elected a governor with whom they were well pleased, and they were rejoiced that through influence of their doctor friend, whom they were supporting financially, certain legislation was defeated. We do not know how meritorious defeated legislation was, or to what extent interests of doctors were protected by its defeat. We are only concerned to *show methods resorted to* by these worthy representatives of *regular* school of medicine to protect their material interests.

WHEN IT IS REMEMBERED THAT THERE ARE 140,000 PHYSICIANS IN UNITED STATES, IT WILL BE SEEN THAT 36,000 REPRESENT ALMOST 25 PER CENT OF POSSIBLE MEMBERSHIP IN UNITED STATES. OF THIS 25 PER CENT WHO ARE "FELLOWS" AND "MEMBERS," 95 PER CENT ARE ALLOPATHS.

This 25 per cent do practically everything they do in name of *all physicians* in United States, using them as a club, as tho they were all "members" in standing.

This classification defines difference between physicians, regardless of how much or how little training; whether a graduate of some school of forty years ago or whether of most modern college; who stays at home, pays close attention to his cases, who is interested in their welfare, and becomes second only to minister in average home. He is "family physician" in all times of need. He is interested in family and its welfare. He is not seeking fame, money or power.

By contrast, we have other type. He who wants only fame, money and power, and devises ways and means to accomplishment of same. If he can get it alone, then alone he will work. If it is necessary to use others as pawns, then he will use them. They, paying close attention to their profession and little to politics, are easy to work and quick to follow, feeling that all others are as honest as they in their endeavors. This latter type sees only money in operations; only power to be secured in use of politics. He has long ago ceased to be country doctor; he lives in cities. He no longer is content to be merely a worker; he wants to be in front ranks and attends all meetings, that he might say his say in control of political methods of killing off competition, regardless of whether good or bad. He be-

comes "political physician." *It is he against whom we must protect ourselves.*

As proof of this statement, we quote following two paragraphs from pages 9 and 10 of "The Machinations of The American Medical Association," published by "The National Druggist," in 1909:

"The attempt thus to impose on the people and our legislatures by trying to make it appear that they represent a united profession is cunningly expressed by Dr. C. A. L. Reed, Chairman of the Committee on Legislation of the American Medical Association, in his report to the association in 1915. He said: 'The championship of a measure by your committee is accepted by Congress as the championship of the American Medical Association, which, being the representative organization of the medical profession in the United States, makes its voice (that is, the committee's voice), in effect, the voice of the entire profession.'

"Your demand and the President's order giving the medical corps of the navy actual control where it has actual responsibility, commands the approval of the one hundred and forty thousand physicians of the United States."

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### "AN INVISIBLE GOVERNMENT'S" TOOLS

Get a picture, as tho our wrist is A. M. A. and our fingers are tentacles, commonly known as *councils* — *councils* on medical legislation, on education, and medical statistics, etc. There is a *council* on this, and a *council* on that, and none of these *councils* does anything without co-operation with others. So vast and so iniquitous is slimy trail of this monstrous trust, that it would necessitate a systematized office crew constantly on job to trail product of their systematized, gigantic office and publishing organization, not only to see effects of their machinations, but to attempt to offset them with constructive results.

Following are accurate divisions into which they desired to divide National Bureau of Health that they have been trying for years to get thru Congress:

A. M. A., like octopus with its tentacles, reaches all endeavors.

*Council* of State Boards.

*Council* of Infant Hygiene.

*Council* of Education and Schools.

*Council of Sanitation.*

*Council of Pure Food.*

*Council of Registration of Physicians and Surgeons.*

*Council of Registration of Institutions of Public and Private Relief, Correction, Detention and Residence.*

*Council of Organic Diseases.*

*Council of Quarantine.*

*Council of Health Information.*

*Council of Immigration.*

*Council of Labor Conditions.*

*Council of Research, requiring laboratories and equipment.*

It is urged that \$100,000,000 be annually appropriated to support this establishment in United States. None of these *councils* makes a final ruling without others knowing. *Councils*, let it be remembered, are composed of "*Members*."

"*Members*" of *council* on medical education and *council* on medical legislation of A. M. A. have passed certain edicts to "*Fellows*" which are as law to every state and inter-county association; in fact, it is law to all alike, and no "*Fellow*" of any small branch can in any way change final conclusions from bosses higher up. As an example, *Council* on Medical Legislation is composed of secretaries of State Medical Society, Association or Board, or whatever organization may be, which has to do with getting of legislation in all states. State Medical Lobbyist, whoever he is, is a "*Member*." These Secretary "*Members*," or Lobby "*Members*," gather in Chicago, at A. M. A. headquarters twice a year and arrange a universal, general campaign. It is this meeting they call a "*Council*," and purpose is "*Legislation*," hence title, "*Council of Medical Legislation*."

After these self-delegated "*Members*" of "*Council of Medical Legislation*" have gone thru their routine work, threshed their bitter experiences which they gained in their official and political capacities regarding Chiropractors, their trials, etc., and reached certain definite political, educational and legal plans of action, they take back there to State Medical Society and ask "*Fellows*" to send so many dollars for a legislation fund, etc. As a general rule, "*Fellows*" are ignorant of detailed ideas, schools, intentions, actions or methods of attack; neither do they know chicanery

necessary to put it thru; they are merely pawns, checkers, money-lenders, telegram-senders, voters to campaign, whatever it may be. Here and there, of course, is a "Member" who is on to the racket, and he urges "Fellows" to come across nicely, which they do.

In A. M. A. Journal, March 8, 1915, appears a "Conference of the American Medical Association on Medical Education and Medical Legislation." "Council on Medical Education" contains much discussion of subject we have specifically applied to Ohio, its Chiropractors and its late legislation.

"Council on Medical Legislation" contains the names of Secretaries of State Boards of Health, who, acting as Legislative Lobbyists, were on hand for business and took part in discussion. We shall herein quote brief passages to prove it coincides with our contention:

"Chairman Dr. Henry B. Favil said: 'We have had a number of these conferences. Every year the question has arisen as to whether they were profitable. Every year has answered that question increasingly in the affirmative—our program marks a triumph toward the things we are striving to accomplish. The prospect of national legislation has never been so encouraging as now.'

"Dr. Cressy L. Wilbur opened the discussion on 'the model bill,' of which we now have a sample in Ohio.

"Mr. A. C. Umbreit, attorney for the Wisconsin State Board of Medical Examiners, said: 'The one great purpose of the proposed new medical practice act (the model bill) pending before the Legislature of Wisconsin is to eliminate from the legal requirements for the practice of the healing art all sectarianism, schools or systems of practice, and base such requirements entirely on educational and professional fitness and training. This is the underlying and all-embracing purpose of the whole act. Another purpose is to place all practitioners of the healing art, as far as legal authority so to practice is concerned, on an absolutely equal basis, in order that it cannot be justly charged that any favoritism is shown for any particular system or school or practice.'

"Dr. J. N. McCormack, Bowling Green, Ky., known as the walking-talking delegate of The A. M. A. said: 'What has been done in raising the standard of medical education has been based on medical legislation of the various states.'"

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Under date of February 27, 1915, A. M. A. Journal also contained another report on "Council of Medical Legislation," which contained, among the rest, following statements:

"Dr. Henry M. Bracken, St. Paul: 'The Secretary presented a short law (the "model bill") creating a state board of health, approved by the Council on Health and Public Instruction, which provides for the regulation and supervision of all persons who treat any sickness, injury, etc., of any human being for compensation within the jurisdiction of any state.'

"Prof. Charles R. Henderson, University of Chicago, said: 'Men who are learned in medical science should not only be the advisers, but they should be in control.'

"Dr. Frederick R. Green, Chicago, said: 'There is an earnest desire upon the part of the Council and Medico-Legal Bureau to get a definite discussion and a concentrated idea in regard to the best methods of handling the extremely difficult and complex problems that come up under the general question of the licensing of persons who are to treat the sick or to practice medicine under the various sects.' Dr. Green then gave a brief outline of the history of the development of this movement, emphasizing the fact that the entire question was an educational and not a sectarian one, and that the only fair basis was a single standard for all (such as Ohio has now).

"Dr. William A. Stewart, Pittsburgh, said: 'If we are to regulate the practice of medicine and eliminate quacks, it should be done in one way, and that is to have a uniform standard of education.'

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In A. M. A. Bulletin of March 15, 1915, captioned "Eleventh Annual Conference on Medical Legislation — of The American Medical Association" and under "Report of the Secretary," we find this statement credited to him:

"While the value of these conferences has been unquestioned and the annual gathering of representatives from the various organizations and influences represented has done much to broaden our conceptions and stimulate our interest in public health legislation, it must nevertheless be admitted by every sensible student of public health legislation that but little real progress has been made in this field.

"The two subjects for discussion at the afternoon session were deliberately chosen on account of their fundamental character. The creation of SOME KIND OF MACHINERY in the state government for the conservation of public health and the administration of health laws must necessarily precede any attempts at amplification OR INCREASE OF THE POWERS of such a department. Closely allied to this is the determination by the state of WHO SHALL BE AUTHORIZED to treat the sick and to perform the functions of medical attendance."



At afternoon session of above meeting, H. M. Bracken of St. Paul, Minn., had following to say:

"In considering this problem, we should first discuss the methods that have been in vogue. These may be considered in a general way under three heads:

- "1. The board, which has to do purely with public health matters.
- "2. The state health commissioner, acting alone, or with the board, that has practically no responsibility.
- "3. The board which has charge not only of public health matters, but also of the licensing of physicians.

"I THINK IT IS NOW CONCEDED THAT NONE OF THESE ARE IDEAL, AND THAT THE THIRD SHOULD IN NO INSTANCE BE TOLERATED IN FUTURE LEGISLATION RELATIVE TO PUBLIC HEALTH."

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Dr. J. M. Baldy of Philadelphia (President, Penn. State Medical Board) attending above meeting, said:

"One gentleman said the legislature cannot delegate to a commission power to make the laws. If he means in theory, yes, I agree with him. But if he means in practice, it is not true. If it were, nine-tenths of the laws of our statute books would be declared unconstitutional. There are few of them in which the legislature is relied on to make rules and regulations. We would have them swamped in Pennsylvania if we had not done it ourselves. If you do what you think is right, I am sure the interpreters of the law themselves are generally with you. A supreme court judge, who is a personal friend of mine, in the state of Pennsylvania, said to me at the dinner table: 'Baldy, if you administer the law as you think it is right, in nine cases out of ten it will be accepted, if you do it with judgment; by the time it comes to my court it will have become a fact, and although we might have felt inclined to decide against you at first, in the years you have been administering the law you may have done so much good that we would be inclined to let it stand.'

"In administering the law we should put it up to the people. Let them see it is for their own benefit, and they will accept it; and that fact, if it is put to them in a clear light and with good judgment, will educate them. So instead of wasting your energies in getting new laws, put your energies in getting good administrators of the laws you have, and do not bother about the new ones."

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Dr. T. C. Edwards, Salinas, Calif., attending same meeting, said:

"Notoriously, we are derelict in our duties. I have talked with medical men connected with the enforcement of the law, and they say it is next to impossible to enforce it.

"Education seems to be the question that is interesting the people. We want the common people educated, and we cannot educate them any better than by doing those things that are in accordance with the laws. Sometimes we do not quarantine the house of a friend if he is close enough to us."

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Dr. Frederick R. Green, Chicago, attending same meeting, said:

"IN RECENT YEARS WE HAVE THE CHIROPRACTORS, who have been licensed in several states, in spite of the fact that four supreme courts have held that they should come under the law regulating the practice of medicine. There are today in a number of legislatures bills providing for separate boards of chiropractic examiners. Then we have the drugless healers, naprapaths, naturopaths, etc. IN PRACTICALLY EVERY CASE IN WHICH A SECT HAS PERSISTED IN ITS EFFORTS, THESE SECTS HAVE SUCCEEDED, SOONER OR LATER, IN CONVINCING MEMBERS OF THE LEGISLATURE THAT THEY HAVE A RIGHT TO A SPECIAL BOARD OF EXAMINERS. THERE IS NO SCIENTIFIC OR RATIONAL JUSTIFICATION FOR THESE SECTS; YET EVENTUALLY THEY HAVE SUCCEEDED IN SECURING WHAT THEY WENT AFTER.

"IT IS ASTONISHING HOW FEW REALLY INTELLIGENT PEOPLE KNOW THE DIFFERENCE BETWEEN SCIENTIFIC MEDICINE AND THE BELIEF OF HOMEOPATHS, ECLECTICS, OSTEOPATHS AND CHIROPRACTORS.

"WE HAVE PUT INTO THE HANDS OF THE VARIOUS SECTARIANS A WEAPON WHICH THEY ARE NOT SLOW TO USE, AND WHICH THEY HAVE USED REPEATEDLY WITH DECIDED EFFECT. THEY SAY THAT WE ARE PRACTICALLY THE ONLY 'SCHOOL' WHICH OPPOSES THE CREATION OF THESE DIFFERENT BOARDS, THAT OUR ONLY OBJECT IS TO PREVENT THEM FROM COMPETING WITH US, AND THAT OUR ATTITUDE IS DUE TO PROFESSIONAL JEALOUSY, AND NOT TO A DESIRE TO MAINTAIN EDUCATIONAL STANDARDS. BY THE USE OF THIS ARGUMENT THEY HAVE, PRACTICALLY WITHOUT EXCEPTION, IN THE LONG RUN, SUCCEEDED IN SECURING THE CREATION OF SEPARATE BOARDS, UNTIL IT HAS GOTTEN TO A POINT WHERE THE WHOLE MATTER IS WELL NIGH AN ABSURDITY.

"AFTER FORTY-FOUR YEARS OF EFFORT, WE MUST ADMIT THAT THE SECTARIAN BOARD HAS NOT BEEN A

GLITTERING SUCCESS. IT HAS NOT PROTECTED THE PEOPLE FROM IMPOSITION ON THE PART OF THOSE WHO ARE UNQUALIFIED OR UNSCRUPULOUS.

"THE IDEA OF A MEDICAL BOARD FOR THE ENFORCEMENT OF THE MEDICAL PRACTICE ACT IS AS ILLOGICAL AS THE IDEA OF A BOARD OF AUTOMOBILE OWNERS FOR THE ENFORCEMENT OF AUTOMOBILE REGULATIONS WOULD BE. The object of the medical practice act is to protect the public from those who are either unscrupulous or unfit. THERE IS NO MORE REASON FOR CREATING A BOARD TO PROTECT THE PUBLIC FOR THE MEDICAL PROFESSION AND MAKING IT ENTIRELY OF PHYSICIANS THAN THERE WOULD BE IN CREATING A BOARD OF AUTOMOBILE OWNERS TO ENFORCE SPEED REGULATIONS."

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A. C. Umbreit, Counsellor at Law for Wisconsin State Medical Board, commenting upon Kansas Medical Practice Act, said:

"THE PROPOSED KANSAS BILL WAS EVIDENTLY DRAWN TO BRING ABOUT AN ELEVATING OF THE GENERAL AND PROFESSIONAL TRAINING OF THOSE WHO DESIRE TO PRACTICE THE HEALING ART IN THAT STATE.

"WILL THE PROPOSED ACT ACCOMPLISH THIS OBJECT? IN MY JUDGMENT, IT IS SOMEWHAT DOUBTFUL WHETHER THE ACT IN QUESTION WILL ACCOMPLISH THAT FOR WHICH ITS PROPONENTS LABORED."

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Dr. J. M. Baldy, again commenting, said:

"THERE IS ABSOLUTELY NO JUSTIFICATION WHATEVER FOR ANY MEDICAL MAN TO BELIEVE OR THINK THERE SHOULD BE ANY LEGISLATION GIVEN FOR HIS PROTECTION. HE HAS NO MORE RIGHT TO PROTECTION UNDER THE LAW THAN THE REST OF THE COMMUNITY. IT IS CLASS LEGISLATION TO LEGISLATE FOR THE MEDICAL PROFESSION, AND THAT IS WHY WE ARE SO WEAK BEFORE LEGISLATORS. WE HAVE ASKED FOR PROTECTION; WE HAVE ASKED FOR PRIVILEGES.

"I AM FIRMLY AND FULLY CONVINCED OF CERTAIN PRINCIPLES. FIRST, THAT THERE SHOULD BE NO LEGISLATION FOR THE DOCTOR."

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In Journal of A. M. A. of January 15, 1916, under heading "Congress on Medical Education, Public Health and Medical

Licensure," which was "A congress on medical education, public health and medical licensure, participated in by Councils on Medical Education, and on Health and Public Instruction of American Medical Association, and Federation of State Medical Boards of the United States and Association of American Medical Colleges," which was "held at Congress Hotel, Chicago, February 7th and 8th, 1916," we find following statement, which, in itself, is not much except as it shows by action design and purpose behind it:

"On Monday evening at 8 o'clock the Federation of Medical Boards of the United States will hold a conference. The program will consist of . . . another on 'The Regulation of Drugless Practitioners,' by Dr. George H. Matson, Secretary of the Ohio State Medical Board; . . ."

It is these conclusions we want to give you, because it is these conclusions you must fight, and if you compromise you won't fight. These conclusions are sum total of many expressions and actions of gathering of "*Member*" class from over United States. These facts are boiled down essence of what "*Members*" of "*Council of Medical Legislation*" have agreed to, here, there and everywhere, year after year, until they get what they want. They have banded each state to that end; various State Medical Boards help each other to that end. When one state has what it wants it helps other who is unfortunate in not getting it. Thus "*Fellows*" do their unknown and unseen bidding, thru one underhanded "*Member*" of each state; thus do many "*Members*" from many states help each other to means unknown to "*Fellow*" of Podunkville, who denies that his great and beloved American Medical Association would stoop so low as to do things of that kind.

### "AN INVISIBLE GOVERNMENT'S" BOA-CONSTRICTOR LEGAL ACTS

What we here present in conclusion are net result of ten years of inner ring, of most inner ring of what they have doped out as being our future fate. Whether it is accomplished or not remains for *you* alone to decide by your actions in off-setting their campaign.

We want you to understand at this time that net product of these meetings issues forth into what are known as "*model bills*";

bills which are of such character they can be applied generally to all states alike. As therapeutical issue is today, given conditions that exist in one state are same in all. Chiropractic and Chiropractors are doing business in all; in some states more, in other states less, yet a "pest" in all, which must be dealt with. Any bill which is coined to deal with them in New York State is generally and equally applicable in California, etc.; therefore, the "*model bill*" to deal with those "who practice limited branches of medicine and surgery," such as Pennsylvania, Michigan, Ohio, Colorado, etc., now have on their statute books. IT — for it was single — was coined by "*Members*" of "*Council on Medical Legislation*" in Chicago and went the rounds. Last winter, during legislatures, we met it in many other states, but, fortunately, it failed to pass in those states.

That "*model bills*" are discussed; that such discussions do make direct applications to objections herein stated; that they have a direct bearing upon right of "*irregular*" to study and practice according to ideas of his own; that it is their intentions to make these "*model bills*" restrictive upon those points which are vital to *their* life and *our* death; that something more than our mere statement is necessary; that following IS evidence, will be granted when read by you.

Following bits of testimony are copied from Journal of A. M. A. of February 26, 1916, under "Annual Congress of Medical Education, Public Health and Medical Licensure," under heading, "*Symposium on What Should Be the Provisions of a Model Medical Practice Act*":

**"SYMPOSIUM ON WHAT SHOULD BE THE PROVISIONS OF  
A MODEL MEDICAL PRACTICE ACT?"**

**"Important Features of a Model Medical Practice Act.**

"Dr. Horace D. Arnold, Boston: A great deal depends on our interpretation of the word 'model' in this connection. It should not, I believe, be interpreted to mean 'ideal,' but rather to indicate a 'pattern' which is practicable FOR GENERAL APPLICATION at the present time. Such an act, which is capable of GENERAL adoption, would be a longer step toward uniformity than would a more ideal measure which few states could adopt.

"One of the most important features OF A MODEL PRACTICE ACT SHOULD BE A DEFINITION of the practice of medicine BROAD ENOUGH TO INCLUDE ALL FORMS OF TREATMENT of the human body, in health as well as in sickness or injury, BY ANY METHOD, WHATEVER. In this respect, THE MODEL ACT

submitted for discussion a year ago is deficient. ALL who wish to act under this definition should be licensed by some proper state authority, AND ALL OTHERS SHOULD BE PROHIBITED from acting in such capacity, WITH PENALTIES for the violation of this law.

"WE MUST SOMEHOW DIVIDE THESE VARIOUS PRACTITIONERS into classes according to the education and training that may properly be expected from them, for any regulation must have an educational basis.

"For all forms of practice which require a diagnosis there should be a uniform minimum educational requirement, WHATEVER FORM OF PRACTICE the licensee is to follow.

"What should be the minimum uniform requirements? They should include, first, a standard four-year high school course, or its equivalent. The minimum professional education should be AT LEAST THREE YEARS SPENT IN A SCHOOL APPROVED BY THE CENTRAL MEDICAL BOARD, with evidence of satisfactory work in human anatomy, physiology, chemistry, pathology, bacteriology, symptomatology, diagnosis of disease (medical and surgical), hygiene, sanitation and preventive medicine, including the recognition of contagious diseases. A fourth year should be required, devoted to therapeutics and clinical experience IN THE SPECIAL FORM of treatment for which the license is to be granted, under such instruction or supervision as is acceptable to the central medical board.

"The premedical requirements should include, in addition to the four-year high school, one, or preferably two, years of college work, including courses in physics, chemistry, biology and a modern language. The act should specifically state the amount of time to be spent in each of these subjects, AS IN THE REQUIREMENTS OF THE COUNCIL ON MEDICAL EDUCATION.

"Speaking of special privileges, there is no good reason why an individual who wishes to practice osteopathy, homeopathy, eclecticism, CHIROPRACTIC, or any other practice should object to being educated TO THE SAME DEGREE AS THE ONE WHO WISHES TO PRACTICE REGULAR MEDICINE. Unfortunately, legislators are impressed with the argument that drugless healers, the osteopaths and all others who lay claim to some peculiar way of curing disease, have a perfect right to do so as long as the people want them. This has led to the exemptions and special privileges in our medical laws.

"An educational test is one of the basic provisions that should be written into every medical practice act, AND IT SHOULD APPLY TO ALL APPLICANTS, REGARDLESS OF SECT, CULT OR CREED. Applicants SHOULD BE required to take an examination in ALL the fundamental subjects of medicine, and to pass each with a creditable grade; failing to do so, they should not be per-

mitted to be re-examined until they have pursued AND COMPLETED A COURSE IN AN ACCEPTABLE MEDICAL COLLEGE."

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At other times certain "model bills" are actually worded, agreed upon and sent forth to many states to be acted upon generally by legislatures.

Perhaps following evidence will clear up these points. In American Medical Association Bulletin of March 15, 1915, appear a few of these bills actually worded. To copy them at length would take too much space here. We shall, tho, merely cite some gross and un-American parts therein.

On page 167 appears this introductory remark by Dr. H. M. Bracken of St. Paul, Minn.:

"The Council on Health and Public Instruction of this Association has tried to outline a model law for the organization of a state department of health. Recently this has been in the hands of an attorney, and I would suggest that he present his latest ideas on this subject."

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This was followed by a "Suggested Short Law Creating State Board of Health."

"Sec. 5. General Duties of the Board. Reports.

"It shall report its operations TO THE LEGISLATURE at each regular session thereof, with such information and recommendations as IT shall deem useful.

"Sec. 6. General and Specific Rules.

"The Board may adopt, alter AND ENFORCE reasonable rules and regulations of PERMANENT application throughout THE WHOLE OR ANY PORTION OF THE STATE, or for specified periods in parts thereof, for the preservation of the public health. UPON THE DUE PUBLICATION THEREOF, SUCH RULES AND REGULATIONS SHALL HAVE THE FORCE OF LAW.

"Sec. 8. Salaries and Expenses. Employes.

"THE BOARD MAY EMPLOY AND AT ITS PLEASURE DISMISS SUCH AGENTS, EXPERTS AND OTHER ASSISTANTS AS IT MAY DEEM NECESSARY, AND MAY FIX THEIR COMPENSATION, PRESCRIBE THEIR DUTIES AND ALLOW THEIR NECESSARY EXPENSES. ALL SALARIES, COMPENSATION AND EXPENSES SHALL BE PAID BY THE STATE UPON VOUCHERS APPROVED BY AT LEAST TWO MEMBERS OF THE BOARD, but the total for any year shall not exceed the appropriations of the year therefor.

"Sec. 9. Printing.

"ALL PRINTING FOR THE STATE BOARD OF HEALTH SHALL BE DONE AND PAID FOR AS IS OTHER PRINTING FOR THE STATE. (This section will have to be framed to meet the requirements in each state.)"

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This "model bill" was immediately followed by another, with title of "A Bill for an Act entitled an Act to Create a State Department of Health; and to provide Generally for Maintenance of Public Health and General Welfare, etc., of the People of the State of ....."

"Sec. 12. It shall be the duty of the State Board (or Commissioner) of Health, and it or he shall have power:

"1. TO SECURE THE PROPER AND EFFICIENT REGULATION OF THE PUBLIC HEALTH BY THE ENFORCEMENT OF THIS LAW AND THE RULES AND REGULATIONS PROMULGATED HEREUNDER.

"Sec. 15. ALL PRINTING FOR THE SAID DEPARTMENT SHALL BE DONE AND PAID FOR AS IN OTHER PRINTING FOR THE STATE. (Said printing may be done by the department and paid for out of the fund. Section can be framed to meet requirements of each state.)

"Sec. 16. Any and all violations of this act and of the rules and regulations established hereunder shall constitute a misdemeanor. The accused, upon conviction, may be fined in any amount not to exceed \$1,000, imprisoned for a term not to exceed one year, or both fined and imprisoned, as the court in its discretion may determine. THE PROOF OF THE COMMISSION OF THE ACT AS ALLEGED SHALL BE TAKEN AS PRIMA FACIE EVIDENCE OF GUILT ON THE PART OF THE ACCUSED."

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### "AN INVISIBLE GOVERNMENT'S" "JOKER" MODEL BILL

Of all un-American spirit, we think this a trifle the worst yet brought to light. No jury could pass upon rights or wrongs of either the fact or the law. It is customary for them to pass upon the fact. Even here a man is convicted before his trial. For shame that science must pursue such tactics to steal bread and butter from sick.

Dr. Green, Secretary, in opening discussion, made following remarks:



"The Secretary: THESE ARE PRINTED DRAFTS OF TENTATIVE BILLS WHICH HAVE BEEN DISTRIBUTED AND ARE NOT TO BE REGARDED IN ANY WAY AS FINISHED PRODUCTS. THEY ARE SIMPLY SUBMITTED AS A BASIS FOR DISCUSSION AND TO PREVENT DISCUSSION ON SUCH LARGE TOPICS AS THE STATE REGULATION OF PUBLIC HEALTH AND STATE REGULATION OF THE PRACTICE OF MEDICINE FROM GOING ALL OVER THE FIELD.

"I do not think I violate any confidence when I say you will find very few communities or states IN WHICH THESE ENACTMENTS ARE BEING COMPLETELY ENFORCED. Dr. Bracken, I am sure, will agree with me in saying, WHAT IS THE USE OF HAVING LAWS YOU CANNOT ENFORCE? It does not raise the standard, IT ONLY DRAGS THE LAW INTO CONTEMPT; AND IF YOU STIR UP A POPULAR CRUSADE, AND say it is necessary to have this or that public health law, AND YOU CANNOT ENFORCE IT, IF THE PUBLIC THINK IT IS NOT NEEDED, THEY WILL FIGHT IT. They will doubt the wisdom of their advisers, so that I am strongly of the opinion that the organization should be one in which you have a department of health given certain general authority BY STATUTES OF EXCEEDINGLY GENERAL VERBIAGE—statutes which, as it were, enunciate constitutional principles by which the health department is to be regulated and left to the health commissioner, assisted by an advisory council, to promulgate all regulations, and to enforce statutory enactments or these constitutional principles.

"In conclusion, I wish to put myself on record as believing that what we want is a single-headed health department in the state, so constituted as to embrace CONTROL of ALL public welfare activities and institutions; a set of laws MADE UP SOLELY OF STATEMENTS OF GENERAL PRINCIPLES, an advisory council for the preparation of interpretative regulations, and an effective police power for control of violations."

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On page 195 of same issue of Bulletin is "A Bill for an Act entitled an Act to provide for regulation and supervision of all persons who treat any sickness, injury, etc., of any human being for compensation within the jurisdiction of the state of ....."

Even tho at expense of being lengthy and tiresome, we shall quote entire bill, underlining those features which contain crux of prohibitive features and pincers of squeezing process.

"(BILL DRAFTED BY MEDICO-LEGAL BUREAU AS A BASIS OF DISCUSSION. NOT YET SUBMITTED TO THE COUNCIL.)

"Section 1. State Board of Examiners.

"For the purposes of this Act and as may be otherwise provided, there shall be a State Board of Examiners, which shall be composed of seven members, four of whom shall be ex-officio members and three of whom shall be appointed by the Governor by and with the consent of the Senate of the State of \_\_\_\_\_.

"Section 2. Membership — State Board of Examiners.

"The President of the State University, the President of the State Normal School, the President of the State Agricultural College and the State Superintendent of Public Education shall be ex-officio members of the State Board of Examiners as provided in Section 1. The Governor, by and with the consent of the Senate, shall appoint the three remaining members of the said Board of Examiners; the three members so first appointed shall respectively hold office for the space of one, three and five years, as the Governor shall determine, and thereafter all appointees shall hold office for the space of five years. It shall be the duty of the said Board to hold at such intervals and places as it may determine preliminary examinations for the purpose of determining the general education of all applicants. These examinations shall be the same for all persons ('joker') desiring to treat any sickness, injuries, etc., of any human being by any method whatsoever.

"(Alternative, when the Governor is elected for one year only: the three members so first appointed shall respectively hold office for the space of one, two and three years, as the Governor shall determine, and thereafter all appointees shall hold office for the space of three years.)

"Section 3. Examining Committees.

"For the purposes of this Act, and as may be otherwise provided, there shall be such examining committees as the State Board of Examiners ('joker') shall appoint. One committee shall be chosen from the adherents of each school of practice or system of treatment recognized by the State at the time for the passage of this ('joker') Act. Each committee shall consist of five members, legally ('joker') authorized to treat the sick: Provided, however, that the State Board of Examiners shall have the power to appoint a committee from any school of practice or system of treatment NOT RECOGNIZED BY THE STATE AT THE TIME OF THE PASSAGE OF THIS ACT, IF AT LEAST FIVE ADHERENTS OF SUCH A SCHOOL CAN PROVE ('joker') TO THE SATISFACTION OF THE SAID BOARD, PURSUANT TO SECTION 5 ("joker"), THEIR RIGHT TO BE RECOGNIZED.

"Section 4. License Required in Treating Sickness, Etc.

"From and after the passage of this Act, no person or persons, excepting such person or persons as may be hereinafter or elsewhere otherwise provided for, shall treat or attempt to treat any sickness, injury, etc., of any human being for compensation, either directly or indirectly, by any means whatsoever, within the jurisdiction of the State of \_\_\_\_\_, without a license from the said Board of Examiners, under penalty of such disabilities as are set forth in Section — or elsewhere: Provided, that the provisions of this Act shall not be construed to apply to the prescribing and adminis-

tering of family remedies, to treatment rendered in an emergency, to treatment rendered by a person residing in an adjoining state and duly licensed to treat sickness, etc., in that state, if such person does not open an office in the said State of ———, or to treatment rendered by a medical officer belonging to any of the departments of the United States Government, who may be stationed on duty in the said State of ———.

"Section 5. Preliminary Qualifications and Requirements of Applicants for a License.

"From and after the passage of this Act, any person or persons, except such person or persons as are otherwise provided for in Section — or elsewhere, who may apply for a license to treat any sickness, injury, etc., of any human being, shall:

"1. SATISFY ('joker') THE SAID BOARD OF EXAMINERS that they possess a preliminary education in consonance with such standards and requirements as the said Board shall establish ('joker') in accordance with Section 2.

"2. PRESENT EVIDENCE SATISFACTORY ('joker') TO THE SAID BOARD OF EXAMINERS that they have spent at least four years of at least eight months in each year in personal attendance in some reputable school of medicine, osteopathy, chiropractic or other school of practice, or system of treatment, and have satisfactorily completed the prescribed course of instruction given by such school.

"Any applicant or applicants who may comply with these requirements IN A MANNER SATISFACTORY ('joker') TO THE BOARD shall receive a certificate admitting them to a professional examination as provided in Section 8.

"Section 6. Certification of Applicants to Professional Examining Committee.

"From and after the passage of this Act, each applicant who has successfully complied with the requirements of the said State Board of Examiners and who has received a certificate as provided in Section —, shall specify to the said Board the school of treatment with which he desires to affiliate and shall take the examination for practitioners of that school. All applicants who have successfully complied with the preliminary requirements provided in Section —, and who shall pass the professional examinations in a manner satisfactory ('joker') to the State Board of Examiners, shall receive a license from the said Board to treat any sickness or injury, etc., of any human being in the said State of ———.

"Section 7. POWERS AND DUTIES OF THE STATE BOARD OF EXAMINERS.

"The State Board of Examiners SHALL HAVE THE POWER and it shall be their duty:

"1. To organize in such manner and elect such officers as the said Board shall see fit: Provided, that the said Board shall elect a Secretary for the said Board from outside the membership of the said Board, who shall be the Executive Officer thereof and subject to such rules and regulations as may be promulgated and adopted by the said Board.

"2. TO ENACT ANY BY-LAWS NECESSARY ('joker') TO CONDUCT THE REGULAR BUSINESS of the said Board; to adopt a seal; and to provide for regular and special meetings.

"3. TO PROMULGATE AND ADOPT SUCH RULES AND REGULATIONS AS MAY BE NECESSARY ('joker') UNDER THE TERMS OF THIS ACT TO SPECIFY THE MANNER AND MEANS BY WHICH APPLICATIONS FOR A LICENSE SHALL BE HAD: Provided, that applicants for a license shall not be required to pay a larger fee than thirty-five dollars, as follows: Ten dollars for the preliminary examination, fifteen dollars for the professional examination and ten dollars for the license. All such fees shall be paid into the State Treasury by the Secretary of the said Board.

"4. TO FIX AND DETERMINE A STANDARD OF PRELIMINARY EDUCATION which shall be identical ('joker') for all schools of practice or systems of treatment as a test of the qualifications of candidates for a license as provided in Section —; TO SPECIFY THE SUBJECTS in which the examination required in Section 2 shall be had, AND TO SUPERVISE AND CONDUCT SUCH EXAMINATION generally by means of any necessary rules and regulations.

"5. To refer such person or persons who have satisfactorily complied with the preliminary requirements of the said Board by a certificate, as was provided in Section —, to the proper professional examining committee and to provide for such person or persons so certified a proper professional examination in those essential subjects as set forth in Section — of the particular school of practice which the applicant shall have elected to pursue in his treatment of the sick.

"6. TO SUPERVISE AND REGULATE THE PROFESSIONAL EXAMINATIONS as provided by the several examining committees and to provide for such rules and regulations as may be necessary for the proper guidance of the examining committees in conducting said examination.

"7. To license such applicants as have successfully qualified under the tests and requirements of the State Board of Examiners AND TO PROVIDE SUCH FURTHER ('joker') RULES AND REGULATIONS AS MAY BE NECESSARY FOR THE PROPER SUPERVISION AND THE CONTROL OF ALL CANDIDATES, BOTH PRIOR ('joker') AND SUBSEQUENT TO THEIR LICENSING.

"THE STATE BOARD OF EXAMINERS SHALL HAVE FULL POWER to appoint examining committees; ESTABLISH STANDARDS for examinations; MODIFY EXAMINATION QUESTIONS ('joker') and REVISE EXAMINATION GRADES ('joker') in accordance with such rules and regulations as the said Board may adopt.

"Section 8. Duties of Examining Committees.

"For the purposes of this Act, and as may otherwise be provided, each examining committee shall, on the request of the State Board of Examiners, prepare a set of examination questions covering the subjects taught in the professional schools of the school of treatment ('joker') which such committee represents. THESE SUBJECTS SHALL INCLUDE:

“Human Anatomy, Physiology, Pathology, SURGERY (‘joker’), Gynecology and Obstetrics, CHEMISTRY (‘joker’), BACTERIOLOGY (‘joker’), Symptomatology, DIAGNOSIS OF DISEASE (‘joker’), Hygiene, Sanitation and Prevention of Disease.

“Therapeutics in accordance with the principles of the school of practice represented by the committee.

“For the examination of those desiring to treat human ailments to a limited extent, as optometrists, chiropodists, midwives, and any other classes or sects, the State Board of Examiners shall appoint separate examining committees, which shall prepare sets of examination questions suitable for each class.

“The questions submitted by each examining committee SHALL BE SUBJECT TO SUCH CHANGE BY THE STATE BOARD OF EXAMINERS AS THE SAID BOARD MAY SEE FIT TO MAKE (‘joker’). The examination papers of the applicants from each school shall be graded by the committee representing that school and shall be returned to the State Board of Examiners inside of thirty days, together with a list of the applicants and the grade given each applicant by the examining committee, which grades shall be subject to review (‘joker’) and revision (‘joker’) by the State Examining Board.

“(Alternative. For the purposes of this Act, and as may be otherwise provided, the medical, osteopathic, chiropractic and any other examining board or boards which there may be as now existing by law, shall be continued under this Act in the several duties of the said board or boards: Providing, however, that in the performance of such duties the said existing board or boards shall act pursuant to the direction of the said Board of Examiners as may be hereinafter or elsewhere provided — ANY FURTHER RESTRICTIONS AND CONDITIONS AS DEEMED NECESSARY (‘joker’) MAY BE ADDED HERETO.

“Section 9. Salaries.

“Each of the seven members of the said State Board of Examiners shall be allowed his expenses for the time that he is actually engaged in the proper duties of the said board. Such expenses shall be paid out of the appropriation as provided in Section —. The Secretary of the said board shall be paid an annual salary of ——— and his expenses which may be legally incurred in performing any proper duty under this law. The several members of each of the examining committees shall be paid a per diem of ——— and their expenses for the time that they are actually engaged in their proper duties. All salaries and expenses shall be paid out of the appropriation as is hereinafter provided in Section —.

“The sum of ——— dollars shall be annually appropriated for the use of the said State Board of Examiners. All salaries and expenses of any nature whatsoever shall be paid out of this sum on the warrant of the Secretary of the said board, countersigned by the Governor and the State Treasurer.

“Section 11. Unprofessional Conduct.

“The license of any person may be revoked for unprofessional conduct

For the purposes of this Act, the term 'unprofessional conduct' shall be taken to mean:

- "1. The procuring or aiding or abetting in producing a criminal abortion.
- "2. ADVERTISING OF ANY PROFESSIONAL NATURE ('joker') WHICH HAS A TENDENCY TO DECEIVE THE PUBLIC OR IMPOSE UPON CREDULOUS OR IGNORANT PERSONS AND SO BE HARMFUL OR INJURIOUS TO THE PUBLIC HEALTH, SAFETY OR MORALS.
- "3. Conviction of a felony, in which case the record of such a conviction shall be conclusive evidence.
- "4. Habitual intemperance.
- "5. THE USE BY HOLDER OF ANY LICENSE IN ANY SIGN OR ADVERTISEMENT IN CONNECTION WITH HIS PROFESSIONAL BUSINESS ('joker'), OR IN ANY ADVERTISEMENT OR ANNOUNCEMENT THEREOF ('joker') OF ANY FICTITIOUS NAME, OR ANY NAME OTHER THAN HIS OWN.

"Proceedings for the revocation of a license shall be had in any court of proper jurisdiction on information filed by the prosecuting attorney of the said district. In all such proceedings the usual procedure as had on information filed shall be followed. Either the State Board of Examiners or any citizen may bring to the attention of the said prosecuting attorney the fact that a licentiate under this law has been guilty of unprofessional conduct.

"Section 12. Penalties.

"Any person or persons who shall treat or attempt to treat any sickness or injury, etc., of any human being without first obtaining a license so to do from the State Board of Examiners, as hereinbefore provided, shall be guilty of a misdemeanor, and shall be fined not more than fifty dollars for each specific offense. Any person or persons who, for the purpose of treating any sickness, injury, etc., of any human being for compensation, either directly or indirectly, shall by any means whatsoever falsely hold themselves out as legally licensed practitioners, under this Act, shall be guilty of a felony (Whew!), and shall be liable to a penalty not to exceed one thousand dollars or one year's imprisonment in the penitentiary, or both, as the court shall determine. THE BURDEN SHALL REST WITH THE ACCUSED IN EITHER THE FIRST OR SECOND CASE, AS HEREIN-ABOVE SET FORTH, TO SHOW HIS INNOCENCE OF THE OFFENSE AS CHARGED. IN ALL CASES ARISING UNDER THIS ACT THE COURT SHALL BE THE JUDGE OF THE LAW, AND THE JURY SHALL BE THE JUDGE OF THE FACTS. The District Attorney shall prosecute for all violations under this law in a court of proper jurisdiction on information filed with him either by the State Board of Examiners or by any citizen. THIS LAW SHALL NOT BE CONSTRUED TO ABROGATE THE RIGHT TO COMMENCE OR CONTINUE A PROSECUTION FOR AN OFFENSE WHICH MAY HAVE BEEN COMMITTED UNDER A PRIOR LAW.

"Section 13. Repealing Clause.

"All acts or parts of acts in conflict herewith are hereby repealed."

We have had some nasty pills, powders and punk to swallow in some of this proposed power-granting language; but, before pursuing even tenor of our way, let us hesitate, go back and read again latter part of Section 12. Any person may accuse you and "The burden shall rest WITH THE ACCUSED — to show his innocence of the offense (*felony*) as charged." Did mortal man ever hear of such propositions coming from lawyers? All law is based on unalterable fundamental that every man stands innocent until such times as accuser proves him guilty beyond a reasonable doubt. There is no criminal case where any man is guilty until he who prosecutes proves him so to a jury of twelve of his true and tried peers. And yet, this medical trust would ask that all decent laws of even savages be reversed so that he who is accused may limit his chance of proving his innocence.

(BY WAY OF INTERJECTION, THIS PARTICULAR MODEL BILL IS AIMED TO KILL ALL "OTHER PRACTITIONERS" BY MEANS OF TWO ROUTES WHICH WE WILL EXPLAIN IN DETAIL LATER, BUT AT THIS TIME IT IS SUFFICIENT TO MERELY STATE: 1ST. BY CONTROLLING THE BOARD WITH ALLOPATHIC VOTES. 2D. BY CONTROLLING EDUCATIONAL REQUIREMENTS. EACH OF THESE PHASES WILL BE DISCUSSED IN DETAIL LATER.)

Not only do these conferences establish theory upon which some of these bills are constructed, but they go so far as to establish wording of same, print them and send them forth asking states to make them statutes.

We have before us a printed copy of "*The Model State Law for Morbidity Reports*," which is "As Amended by the Thirteenth Annual Conference of State and Territorial Health Authorities with the United States Public Health Service." Purpose of this "*Model Bill*" is best told in its title — "A Bill to provide for the notification of the occurrence and prevalence of certain diseases."

At bottom of page, in smaller type, and not a part of Bill itself, it says:

"Attention is called to the fact that in cases in which this legislation cannot expediently be adopted by a state at the present time, it is applicable with but slight modification to the needs of cities or other sanitary units in the state, and, with such modifications, can be adopted with advantage by such units. . . . In some States it may

be necessary, owing to constitutional requirements, to change the title of the model law or to include the provisions of Section 14 in a separate act."

Title of this "*Model Bill*" does not indicate its character. It is intended primarily to make it obligatory for certain diseases — always elastic — to be reportable to certain health authorities and thus make it harder for him who has no license to establish himself; and if he has, make it harder for him to take care of them. The bill is drastic.

Do not understand us to say, here and now, that a particular set of words, phrases and paragraphs, etc., is always drafted and filled in at these meetings above referred to; neither do they always do such at any later time by concerted action. After these meetings are about ready to adjourn, they boil down essence of argument, get to conclusions of that, agree to incorporate *certain conditions* into all their bills of all their states. These conclusions are now taken to Legal Counsels of various State Medical Societies and *they* write up a bill which will conform to legislation of that state in particular and involves all these conclusions accordingly. Hence, no two bills are always worded alike, each must be made to fit legislation of its own state, yet all *are* alike in that they embody same set of particular facts. It is this uniformity of facts which we are now able, for the first time, to present to you in definite form but before doing so we wish to lay foundation and show route and reason by which they reached them.

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### "AN INVISIBLE GOVERNMENT'S" WET NURSE

We shall, from time to time, have occasion to quote from a publication known as "The Carnegie Foundation for the Advancement of Teaching." "Bulletin Number Four" is on "Medical Education in the United States and Canada." It is frequently referred to as the "Flexner Report" because conducted by Abraham Flexner.

In referring again to Commission Hearing, held before Faculty of McGill University at Montreal, Quebec, Commissioner, in presenting opening statements to Faculty so they might better understand his mission in going outside of Province of Toronto, said:



"DR. SCANE: The Carnegie report deals at length with all these osteopathic and chiropractic colleges which exist in the United States.

"THE COMMISSIONER: Yes, I have that. I might say that objection was taken to certain portions of that report by those representing the osteopaths and chiropractors, and I asked them to specify particularly the criticisms and comments made by Mr. Abraham Flexner to which they desired to take exception. THIS THEY HAVE DONE, and I hope to see Mr. Flexner when in New York and get his views on the situation. I wrote him a letter asking if he would kindly grant me the favor of an interview, and he replied, stating that he would be very glad to see me and to give me any information within his power. IN MY LETTER I ASKED IF HE WOULD BE WILLING TO ANSWER ANY QUESTIONS THAT EITHER THE OSTEOPATHS OR CHIROPRACTORS DESIRED TO PUT TO HIM CONCERNING THESE VARIOUS POINTS TO WHICH EXCEPTION HAD BEEN TAKEN, AND HE REPLIED, SAYING THAT HE SAW NO REASON WHY HE SHOULD PLACE HIMSELF IN THE POSITION OF SUBMITTING TO CROSS-EXAMINATION. However, I hope to take the matter up with Mr. Flexner when in New York. The chiropractors and osteopaths have said that in several instances the examination made either by him or his representatives was of a very superficial and cursory nature."

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To better comprehend the scope and purpose of this "Report" I quote several paragraphs from the "Introduction" as set forth by "Henry S. Pritchett, President of the Foundation":

"The present report on medical education forms the first of a series of papers on professional schools to be issued by the Carnegie Foundation. The preparation of these papers has grown naturally out of the situation with which the trustees of the Foundation were confronted when they took up the trust committed to them.

"When the work of the Foundation began five years ago, the trustees found themselves INTRUSTED WITH AN ENDOWMENT to be expended for the benefit of teachers in the colleges and universities of the United States, Canada and Newfoundland."

(Interjection — The Carnegie Foundation, being entrusted with an immense endowment by Andrew Carnegie, relieves this board of needing to be self-made or have earning considerations. If its work HAD to be SELF-SUSTAINING, based upon MERIT, which would sell its value dollar for dollar, it would have died before it began. Being endowed, they have no more sympathy, respect or belief in laborer who earns his bread by sweat of his brow than a man with an immense inherited, unearned fortune

comprehends value of dollar or a self-made business man. View-point of man who sits on an endowed board pulling down a fat salary without earning it, (except to be iconoclastic, as this board has been, viz., to destroy the integrity of American manhood who learn by earning and earn by learning, thus advancing the cause of humanity), is at its best lop-sided and will **EVENTUALLY** be considered as such. Every movement of intellectual or commercial progress should have — **AND MUST HAVE TO PERPETUATE ITSELF** — its origin in ITS initiative, which, if good, will be self-sustaining, financial and intellectual, thereby not acting as a leach upon another's fortune. Self-made progress has no more use for leaching barnacles to foster its educational standards upon self-made men than blood-sucking imbibor proves to have for the self-made and self-sustaining school or college business which it outrageously condemns. Endowed board has money to use which it hasn't earned. Struggling school earns every dollar it uses. Former subtracts from man, latter adds to. No man can give orders who can't take them. No set of men working under endowment can dispense, with justice, their opinions upon those who earn every dollar they use. When any movement is solely because of momentum that **DONATED MONEY GIVES IT**, rather than because of **MERIT** it originally **SHOULD** possess, then such movement is foreordained a failure, and every action backed by it reaches same conclusion. When any movement goes forward solely because of momentum which **MERIT ALONE** gives it, and sells itself by way of creating its demand and filling its supply, profit considered, rather than because of any endowed money it originally did not earn, then such movement is foreordained a success, and every action taken by it reaches same conclusion. Notwithstanding condemnation given Chiropractic, via Carnegie endowment, it will continue to succeed. Notwithstanding impetus given medicine, via Carnegie endowment, it will continue to fail.)

"In accordance, therefore, with the recommendation of the president and the executive committee, the trustees of the Carnegie Foundation at their meeting in November, 1908, authorized a study and report upon the schools of medicine and law in the United States **AND APPROPRIATED THE MONEY NECESSARY FOR THIS UNDERTAKING**. The present report upon medical education, prepared, under the direction of the Foundation, by Mr. Abraham Flexner, is the first result of that action.

"NO EFFORT HAS BEEN SPARED TO PROCURE ACCURATE AND DETAILED INFORMATION (which we later severely question) as to the facilities, resources, and methods of instruction of the medical schools. They have not only been separately visited, but every statement made in regard to each detail has been carefully checked with the data IN POSSESSION OF THE AMERICAN MEDICAL ASSOCIATION, likewise obtained by personal inspection, and with the records OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, so far as its membership extends. The details as stated go forth with the sanction of at least two, and frequently more, independent observers."

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From our former quotation, primary purpose of this endowment was for "benefit of teachers in the colleges and universities of the United States."

From this primary purpose they stepped to furnishing Endowments for National MEDICAL Examining Boards. It is not then surprising that other organizations of like concern and character should attempt to perpetuate medicine itself by endowing medical colleges to that end.

Carnegie Foundation is one organization and Rockefeller Endowment is another; yet they are both being utilized to end of very issues of "An Invisible Government"; perhaps innocently by endower, perhaps knowingly by endowee — who can tell?

Following clipping is a step in substantiation of above:

**"JOHNS HOPKINS MAY GET ROCKEFELLER CASH**

"Baltimore, May 1 — While Dr. Abraham Flexner, of the Rockefeller General Education Board, said over the long-distance telephone that he did not know anything about it, a report was published here today that the Rockefeller board is considering the establishment of a \$3,000,000 extension to the medical school of Johns Hopkins University.

"'We are hoping we can get this,' said President Goodnow, of the university, 'but we have no ground for hope excepting the advantages which we can offer.'

"The Rockefeller Education Board and Mr. Rockefeller personally have taken great interest in the Johns Hopkins Medical School and Hospital. The \$3,000,000 extension fund would increase to nearly \$5,000,000 the amount given by the Rockefeller Education Board to further the work of Johns Hopkins University."

## BE DAMNED IF YOU DO — BE DAMNED IF YOU DON'T

While it may, at this time in our exposé, appear preposterous and previous, yet we shall make twelve specific charges against this Foundation, and uses being made of same:

1st. Being an endowed body, they cannot officially understand viewpoint of struggling institution to build itself, based on profit EARNED.

2nd. Being endowed, they can set arbitrary standards far beyond any but endowed institutions.

3rd. Their salaries being endowed, they think and see endowment, therefore are prejudiced in favor of all other associates being of like character, openly opposing them, if not.

4th. Necessity of struggling for existence being removed by endowment, they give and have no quarter for that institution which is struggling for existence.

5th. Being endowed, they are antipodal to all institutions which are not.

6th. Their attitude on all subjects is love of precedent, right or wrong, seeming to forget that greatest majority OF ALL progress has come not from super-educated, but from common-sense reasoner.

7th. Their attitude on therapeutical question, speaking broadly, is that of favoring and endorsing exclusively that allopathic branch which upholds precedent, even tho its ultimate end of getting sick well be a failure to accomplish that which its educational standards sought to prepare men to do.

8th. Their love of prejudice; their labor of advocating such, puts them before American people, whom they claim to serve; as being biased, prejudiced and pre-judging that which is yet to make itself felt before same minds; then aim to poison public mind by condemning that which now struggles to gain a foothold in educational methods and education of same minds on a profit-earning basis.

9th. Endowment which made this Foundation possible gives them certain prestige and weight before judicial bodies; their reports being pre-judged as being correct.

10th. They have been granted use of certain amounts of monies. This intellectual and financial strength is used to support

precedent as against newer methods which, even tho proving meritorious right to existence by getting sick well, now face this gigantic power opposing them, placing an unequal balance on scale of human minds.

11th. Their intellectual and financial support is being used to endorse regular (allopathic) medicine, as opposing ALL other systems which disagree.

12th. Carnegie Foundation for Advancement of Teaching is indissolubly saturated and interblended with every endeavor and ambition of aggrandizement of American Medical Association. They no more look at value contained in "irregular" methods any more than A. M. A. legally does. They were assisted in their organization by A. M. A.; they now return compliment by assisting to further build work of A. M. A.

On first ten charges we think quotations taken from "Introduction," will sustain. On the 11th and 12th, there may be some question. To offset any denial to these pungent charges, we herewith quote article from March 4th, 1916, issue of Journal of The A. M. A., emphasizing particularly that which is underscored:

#### **"THE NATIONAL BOARD OF MEDICAL EXAMINERS**

"Until about forty-five years ago, only one or two states had any laws regulating the practice of medicine, and until 1882, no state required an examination. By 1902, however, the number of states in which the examination of all applicants was required had been increased to thirty-eight.

"In order to correct this apparent injustice to practitioners of medicine, a system of reciprocity was devised: the state board waived its right to test the qualifications of the applicant, and accepted the certificate of another board in lieu of its own examination.

"Fourteen years ago The Journal called attention to these conditions, pointed out that only nine states remained in which a physician's diploma would entitle him to secure a license without an examination, and recommended a voluntary national board of medical examiners as the most practical solution of the problem.

"No scheme could be adopted which would not be subject to criticism for some reason or other, but the plan on which this board is created appears to leave little ground for criticism. The recognition of this Board's certificate, after its value has once been established, will be under the exercise of the same discretionary powers of the state board as is employed at the present time in the recognition of the certificate of another licensing board.

"HERETOFORE THE GREAT OBSTACLE TO THE ESTABLISHMENT OF A NATIONAL BOARD HAS BEEN THE LACK

OF SUFFICIENT MONEY TO MEET EXPENSES UNTIL THE BOARD COULD BE PLACED ON A SELF-SUPPORTING BASIS. THIS NEED HAS BEEN MET BY THE CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING, WHICH IS PROVIDING THE NECESSARY FUNDS.

"There are other important problems to solve, and the possibilities for good that rest in this board, both as regards the public and the medical profession, are so great that careful deliberation should precede every step taken toward the solution of these problems. By the success of THIS undertaking, not only will the standard of the medical profession be improved, but the public (?) also will (not) in large measure be benefited."

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### "AN INVISIBLE GOVERNMENT'S" PROFESSION-TO-PUBLIC RATIO

THERE IS ONE PHYSICIAN TO EVERY 568 OF POPULATION IN UNITED STATES. WHAT THAT FACT LEADS US TO IS BEST REACHED BY QUOTING FROM PAGES 14 TO 18 OF "THE CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING":

"Professor Paulsen, describing in his book on the German Universities the increased importance of the medical profession, reports with some astonishment that 'the number of physicians has increased with great rapidity, so that now there is, in Germany, one doctor for every 2,000 souls, and in the large cities one for every 1,000.' What would the amazed philosopher have said had he known that in the entire United States there is already on the average one doctor for every 568 persons, that in our large cities there is frequently one doctor for every 400 or less, that many small towns with less than 200 inhabitants each have two or three physicians apiece?

"Over-Production is stamped on the face of these facts; and if, in its despite, there are localities without a physician, it is clear that even long-continued over-production of cheaply made doctors force distribution beyond a well marked point. In our towns health is as good and physicians probably as alert as in Prussia; there is, then, no reason to fear an unheeded call to a too tardy response, if urban communities support one doctor for every 2,000 inhabitants. On that showing, the towns have now four or more doctors for every one that they actually require—something worse than waste, for the superfluous doctor is usually a poor doctor. So enormous an overcrowding with low-grade material, both relatively and absolutely, decreases the number of well-trained men who can count on the profession for a livelihood. According to Gresham's law, which, as has been shrewdly remarked, is as valid in education as in finance, the inferior medium tends to displace the superior. If then, by having in cities one doctor for every 2,000 persons we got four times as good a doctor as now, when we provide one doctor for every 500 or less, the apothecaries would

find time hanging somewhat more heavily on their hands. Clearly, low standards and poor training are not now needed in order to supply physicians to the town.

"In the case of stranded small groups in an unpromising environment the thing works out differently. A century of reckless over-production of cheap doctors has resulted in general overcrowding; but it has not forced doctors into these hopeless spots. It has simply huddled them thickly at points on the extreme margin. Certain rural communities of New England may, for example, have no physician in their midst, though they are in most instances inaccessible to one. But let ever so many low-grade doctors be turned out, whether in Boston or in smaller places like Burlington or Brunswick, that are supposed not to spoil the young man for country practice, these unpromising places, destined perhaps to disappear from the map, will not attract them. They prefer competition in same already over-occupied field. Thus, in Vermont, Burlington, the seat of the medical department of the University of Vermont, with a population of less than 21,000, has sixty physicians, one for every 333 inhabitants; nor can these figures be explained away on the ground that the largest city in the state is a vortex which absorbs more than its proper share; for the state abounds in small towns in which several doctors compete in the service of less than a thousand persons. Post Mills, with 105 inhabitants, has two doctors; Jeffersonville, with 400, has two; Plainfield, with 341, has three. Other New England states are in the same condition. It would appear, then, that over-production on a low basis does not effectually overcome the social or economic obstacles to spontaneous dispersion. Perhaps the salvation of these districts might, under existing circumstances, be better worked out by a different method. A large area would support one good man, where its separate fragments are each unable to support even one poor man. A physician's range, actual and virtual, increases with his competency. A well-qualified doctor may, perhaps, at a central point set up a small hospital, where the seriously ill of the entire district may receive good care. The region is thus better served by one well-trained man than it could possibly be even if over-production on a low basis ultimately succeeded in forcing an incompetent into every hamlet of five and twenty souls. This it cannot compel. It cannot keep even the cheap man in a place without a 'chance'; it can only demoralize the smaller places which are capable of supporting a better-trained man, whose energies may also reach out into the most thinly settled surrounding country. As a last resort, it might conceivably become the duty of the several states to salary district physicians in thinly settled or remote regions—surely a sounder policy than the demoralization of the entire profession for the purpose of enticing ill-trained men where they will not go. We may safely conclude that our methods of carrying on medical education have resulted in enormous over-production at a low level, and that, whatever the justification in the past, the present situation in town and country alike can be more efficiently met by a reduced output of well-trained men than by further inflation with an inferior product.

"The improvement of medical education cannot, therefore, be resisted

on the ground that it will destroy schools and restrict output; that is precisely what is needed. The illustrations already given in support of this position may be reinforced by further examples from every section of the Union—from Pennsylvania, with one doctor for every 636, Colorado with one for every 328, Oregon with one for every 646. It is frequently urged that however applicable to other sections, this argument does not for the present touch the south, where continued tolerance of commercial methods is required by local conditions. Let us briefly consider the point. The section as a whole contains one doctor for every 760 persons. In the year 1903 twelve states showed a gain in population of 358,837. If now we allow in cities one additional physician for every increase of 2,000, and outside cities an additional one for every increase of 1,000 in population—an ample allowance in any event—we may in general figure on one more physician for every gain of 1,500 in total population. We are now arguing that a ratio of one to 1,500 is correct; we are under no necessity of proving that. Our contention is simply that, starting with our present over-crowded condition, production henceforth at the ratio of one physician to every increase of 1,500 in population will prevent a shortage, for the next generation at least. In 1908 the south then needed 240 more doctors to take care of its increase in population. In the course of the same year it is estimated that 500 vacancies in the profession were due to death. If every vacancy thus arising must be filled, conditions will never improve. Let us agree to work toward a more normal adjustment by filling two vacancies due to death with one new physician—once more a decidedly liberal provision. This will prove sufficiently deliberate; it would have called for 250 more doctors by the close of the year. In all, 490 new men would have amply cared for the increase in population and the vacancies due to death. As a matter of fact, the southern medical schools turned out in that year 1,144 doctors; 78 more southerners were graduated from the schools of Baltimore and Philadelphia. The grand total would probably reach 1,300—1,300 southern doctors to compete in a field in which one-third of the number would find the making of a decent living already difficult. Clearly, the south has no cause to be apprehensive in consequence of a reduced output of higher quality. Its requirements in the matter of a fresh supply are not such as to make it necessary to pitch their training excessively low.

“The rest of the country may be rapidly surveyed from the same point of view. The total gain in population, outside the southern states already considered, was 975,008—requiring, on the basis of one more doctor for every 1,500 more people, 650 doctors. By death, in the course of the year there were in the same area 1,730 vacancies. Replacing two vacancies by one doctor, 865 men would have been required; in most sections public interest would be better cared for if they all remained unfilled for a decade to come. On the most liberal calculation, 1,500 graduates would be called for, and 1,000 would be better still. There were actually produced in that year, outside the south, 3,497, i.e., between two and three times as many as the country could possibly assimilate; and this goes on, and has been going on every year.



"It appears, then, that the country needs fewer and better doctors, and that the way to get them better is to produce fewer. To support all or most present schools at the higher level would be wasteful, even if it were not impracticable, for they cannot be manned. Some day, doubtless, posterity may re-establish a school in some place where a struggling enterprise ought now to be discontinued. Toward that remote contingency nothing will, however, be gained by prolonging the life of the existing institution."

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In Missouri there is one physician to every 552 of population.

"Population, 3,491,397. Number of physicians, 6,323. Ratio 1 to 552."

In Indiana there are 9,036 medical practitioners. Population is 3,230,015. This means one physician to every 357½ of population.

There are 7,838 M.D.'s in Ohio. 300 osteopaths. Population, 4,594,240. This makes a ratio of one to 586. 1,430 irregulars have come into Ohio within last ten years. This makes a ratio of one to every ninety-six people alone. Taking irregulars and regulars, ratio is reduced to one to every 490 people.

That we might get this fact impressed upon our minds, as to exact status of numerical numbers that exist in medical ranks compared to population and what should be done, we shall continue to quote at random from aforesaid Report:

(Page 187. Ala.) "As the state now contains one physician to every 924 inhabitants, the restriction or suspension of clinical teaching for some years to come involves no danger to the community."

(Page 188. Arkansas.) "Both the Arkansas schools are local institutions in a state that has at this date three times as many doctors as it needs; neither has a single redeeming feature. It is incredible that the state university should permit its name to shelter one of them."

(Page 195. Cal.) "Consideration of medical education in California may well start from the fact that, without taking into account the osteopaths, who abound, the state has now one physician to every 401 inhabitants—that is, in round numbers, about four times as many doctors as it needs or can properly support. Such an enormous disproportion can hardly be rectified within less than a generation; it makes radical measures in the interest of sound medical education not only immediately feasible, but urgently necessary."

(P. 198. Colorado.) "The state is overcrowded with doctors."

(P. 203. Georgia.) "The situation to be dealt with in this state is so simple that there is no room for difference of opinion as to what ought to be done. That every state in the south is overcrowded with doctors is generally admitted."

P. 216. Illinois.) "The city of Chicago is, in respect to medical education, the plague spot of the country."

(P. 224. Iowa.) "Iowa is a state in which there are now between two and three times as many doctors as are really needed. The population of the state is increasing slowly, if at all. There is, then, from the standpoint of the public interest, no reason why a great number of physicians should be produced; there is no reason why any physicians should be graduated unless his entrance into the profession will actually improve it. Further dilution would be unpardonable."

(P. 238. Maryland.) "There are seven medical schools in Maryland, a state whose population increases slowly and in which there are between two and three times as many physicians as it now requires."

(P. 250. Mississippi.) "Of the two schools, that at Meridian is without a merit. At a time when the state has already more doctors than it needs, the starting of a didactic school, conducted by the local practitioners of a small town, is absolutely unjustifiable."

(P. 258. Missouri.) "In consequence, the state is badly overcrowded with practitioners trained in poor schools."

(P. 262. New England States.) "At present the ratio of physicians to population in this section is 1,592, not reckoning osteopaths. The section is thus badly overcrowded with physicians, and as population is increasing slowly, there is no possibility that its increase will within a generation bring about a satisfactory adjustment. In the matter of distribution, the usual conditions prevail; cities and small towns are alike oversupplied."

"It is clear, then, that New England will need no more physicians for years to come; it can, of course, begin none too soon the process of substituting a higher grade of physicians for what it now has. To bring about a gradual reconstruction of the profession, it is important that certain legal changes be promptly made."

(P. 275. New York.) "Its eleven medical schools have so energetically done their part in this matter that New York itself and all the adjoining states are suffering from plethora."

(P. 281. North Carolina.) "The State of North Carolina makes a comparatively satisfactory showing in the matter of ratio between population and physicians; but this may, perhaps, in some measure be due to the fact that practitioners, unlicensed and unregistered, exist undisturbed in the remote districts. It is futile to maintain a low standard in order to prepare doctors for those parts; for the graduates, instead of scattering to them, huddle together in the small towns already amply supplied. It is admitted that all eligible locations are overcrowded. There is not the slightest danger that the necessary supply of doctors would be threatened if, for instance, the practice of medicine in the state were pitched on the plane of entrance to the state university; higher than that it probably ought not be at this time."

(P. 288. Ohio.) "The state is rich, prosperous, and well supplied with secondary schools, though the competition of state-supported institutions has hitherto interfered with their systematic organization; and two or three doctors now contest every field capable of decently supporting one."

(P. 290. Oklahoma.) "The new commonwealth of Oklahoma may, if

wise, avoid most of the evils which this report has described, for though they have already appeared, they have not taken deep root. Immigration — of physicians among others — has been so rapid that the state has easily three times as many doctors as it needs."

(P. 292. Oregon.) "The entire coast is oversupplied with doctors by immigration; unless something better can be made than can be thus readily obtained, the state will do well to let the field lie fallow."

(P. 302. South Dakota.) "On the contrary, it has adopted as a means of protecting a people already supporting twice as many doctors as it needs."

As an editorial, in *Journal of American Medical Association* for January 30, 1915, appear following comments:

"These thirty-seven colleges naturally had smaller enrollments, which more than offset the increased registrations in the colleges referred to above. Incidentally, even the increased registration in dental colleges may have been due to hard times rather than to the higher entrance requirements of these thirty-seven medical colleges. Altogether, instead of there being an increase in the enrollments of medical colleges during this session, it is quite evident from the figures gathered by the Council on Medical Education that there will be a decided decrease. Of about sixty-five medical colleges from which reports have been received, enrollments show that this decrease will be about eight per cent, as compared with from three to six per cent in each of the last few years. The raising of the standards for admission to medical colleges, therefore, has had a favorable effect in decreasing the number of those who take up medicine as a life work."

IT IS CERTAINLY PLAINLY EVIDENT THAT OUR FIRST CONTENTION, VIZ.: THAT THERE ARE TOO MANY PHYSICIANS IN THE UNITED STATES, IS A FACT PROVEN BY RECORDS BEFORE US.

#### "AN INVISIBLE GOVERNMENT'S" PROFESSIONAL ABORTION TO INCREASE PUBLIC RATIO

In *Journal of A. M. A.* of January 22, 1916, under heading of "Foreign" is found following table:

##### "NUMBER OF PHYSICIANS TO POPULATION IN FRANCE AND ITALY

"The *Riforma Medica* of Naples states that the number of registered physicians in Italy is 22,705, which represents, to a population of nearly 36,000,000, 6.3 physicians to each 10,000 inhabitants. In Naples the proportion is 12 to each 10,000 inhabitants; Rome, 9.9; Milan, 7.1; the Como district, 4.4, and the Syracuse district, 4.3 per cent. There are about 130 foreign physicians. Among them are 25 licensed to practice only among their compatriots, as they

have no diploma from Italian medical schools. About 85 have obtained an Italian degree, and 20 are graduates of British schools entitled to practice by reciprocity arrangements. Our exchange cites further statistics which show that in France, before the war, there were about 20,000 physicians; 3,000 were settled in Paris. Of this latter number, only 5 or 6 had an income of \$40,000 or \$60,000 a year; 1,200 had an income of less than \$1,600, and the great majority did not make \$800 a year. The present French Chamber of Deputies had 80 medical members."

Directly apropos of cutting down of schools and their registration, let us quote verbatim following article, which appeared in August 22d, 1914, issue of Journal of American Medical Association:

#### "MEDICAL EDUCATION IN THE UNITED STATES

"The tabulated statistics herewith presented (page 657) are for the year ending June 30, 1914, and are based on reports received from the medical colleges or from other reliable sources. We take pleasure in acknowledging here the courtesy and co-operation of the various officials who have made the compilation of these complete statistics possible.

#### "Number of Medical Students.

"The total number of medical students (matriculants) in the United States for the year ending June 30, 1914, excluding premedical, special and postgraduate students, was 16,502, a decrease of 513 below last year, a decrease of 1,910 below 1912, and a decrease of 11,640 below 1904, when 28,142, the highest number of students, were enrolled:

"Table 4. — Medical College Attendance.

Year	Non-sectarian	Homeopathic	Eclectic	Physio-Med.	Non-descript	Total
1880 .....	9,776	1,220	830	.....	.....	11,826
1890 .....	13,521	1,154	719	.....	.....	15,404
1900 .....	22,710	1,909	522	.....	.....	25,171
1901 .....	23,846	1,683	664	80	144	26,417
1902 .....	24,878	1,617	765	91	150	27,501
1903 .....	24,930	1,498	848	149	190	27,615
1904 .....	23,662	1,309	1,014	123	234	28,142
1905 .....	24,119	1,104	578	114	232	26,147
1906 .....	23,116	1,085	644	110	249	25,204
1907 .....	22,303	1,039	545	97	292	24,276
1908 .....	20,936	891	479	90	206	22,602
1909 .....	20,554	899	413	52	227	22,145
1910 .....	20,136	867	455	49	19	21,526
1911 .....	18,414	890	433	49	.....	19,786
1912 .....	17,277	827	308	.....	.....	18,412
1913 .....	15,919	850	256	.....	.....	17,015
1914 .....	15,438	794	270	.....	.....	16,502

"Of the total number of students, 15,438 were in attendance at the non-sectarian (regular) colleges, 794 at the homeopathic, and 270 at the eclectic colleges. The attendance at the non-sectarian colleges shows a decrease of 481 below that of last year, a decrease of 1,839 below 1912, and a decrease of 9,492 (38 per cent) below 1903, when 24,930, the largest number of non-sectarian students, were enrolled. In the homeopathic colleges there was a decrease of 55 below the attendance of last year, a decrease of 31 below 1912, and a decrease of 1,105 (58 per cent) below 1900, when 1,909, the largest number of homeopathic students, were enrolled. The eclectic colleges show an increase of 14 over the registration of last year, but a decrease of 38 below 1912, and a decrease of 744 (73 per cent) below 1904, when the largest number of eclectic students were enrolled.

#### "Number of Medical Graduates.

"The total number of graduates for the year ending June 30, 1914, was 3,594, a decrease of 387 below 1913, and a decrease of 889 below 1912. The total this year is 2,153 (37.5 per cent) less than in 1904, when 5,747, the largest number, were graduated. The number of graduates from the non-sectarian colleges was 3,365, or 314 less than last year, and 841 less than in 1912. It is a decrease of 1,825 (35 per cent) below 1904, when 5,190, the largest number, were graduated from non-sectarian colleges. From the homeopathic colleges there were 154 graduates, or 55 less than in 1913, and 31 less than in 1912. It is a decrease of 266 (63 per cent) below 1903, when 420, the largest number of homeopathic physicians, were graduated. The eclectic colleges graduated 70, or 23 less than last year, and 40 less than in 1911. It is a decrease of 151 (68.3 per cent) below 1890, when 221, the largest number of eclectic physicians, were graduated.

#### "Number of Colleges.

"Until last year no exact data were available on which absolute statements could be made regarding the number of medical schools existing in the various years prior to 1900. Through the work of the Council on Medical Education, however, sufficient reliable data regarding all medical schools were collected and the chart prepared which was published last year, from which the actual number of schools existing in any one year could be positively stated. Table 8 allows of comparison between the number of colleges existing in recent years.

"Since June 30, 1913, six colleges (mentioned on page 681) have suspended or merged with others, leaving 101 medical colleges still existing. The number of colleges is the smallest number since 1880. It was about that time that the movement toward establishing commercial medical colleges became most marked, and the rapid increase in the number of colleges has been paralleled only by the rapid decrease since 1904. There has been a net decrease of sixty-one colleges since 1906, when there were 162, and when this country had about one-half of the world's supply of medical colleges. Eighty-five colleges have been closed by merger or otherwise since 1904,

but in the same time twenty-four new colleges were organized, leaving 101 medical colleges which still exist.

"The non-sectarian (regular) colleges number 87, a decrease of 5 since last year. The homeopathic colleges number 10, the same as last year, and the eclectic colleges number 4, a decrease of one since last year. The non-sectarian colleges show a net reduction of 43, or 33.1 per cent, since 1906, when there were 130, the largest number of non-sectarian medical colleges. The homeopathic colleges show a net decrease of 12, or 54.5 per cent, since 1901, when 22, the largest number of homeopathic colleges, were in existence. The eclectic colleges show a net reduction of 6, or 60 per cent, since 1901, when there existed 10, the largest number of eclectic colleges."

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Following are figures for reduction of medical students for year 1915, article just preceding having been for 1914:

14,891 Doctors in 1915.

This is number graduated in that year.

Total number of medical students in United States for year ended June 30, 1915, excluding premedical special and post-graduate students, was 14,891, a decrease of 1,611 below last year, a decrease of 2,124 below 1913, a decrease of 3,521 below 1912, and a decrease of 13,251 (47.1 per cent) below 1904, when 28,142, highest number of students, were enrolled. Of total number of students, 13,914 were in attendance at non-sectarian (regular colleges), 736 at homeopathic, and 241 at eclectic colleges. Attendance at non-sectarian colleges shows a decrease of 1,524 below that of last year, a decrease of 2,005 below 1913, and a decrease of 11,012 (44.2 per cent) below 1903, when 24,930, the largest number of non-sectarian students, were enrolled. In homeopathic colleges there was a decrease of 58 below attendance of last year, a decrease of 113 below 1913, and a decrease of 1,173 (61.4 per cent) below 1900, when 1,909, largest number of homeopathic students, were enrolled. Eclectic colleges show a decrease of 29 below registration of last year, a decrease of 15 below 1913, and a decrease of 773 (76.2 per cent) below 1904, when 1,014, largest number of eclectic students, were enrolled.

Usual decrease in number of students *this year, particularly in non-sectarian colleges*, according to Journal of American Medical Association, is *due to enforcement*, for first time in thirty-nine

medical colleges, of *higher entrance standards* — one or two years of preliminary collegiate work.

State furnishing largest number of students this year was New York, with 1,948. Illinois contributed 1,318 and Pennsylvania 1,140. Next states, in order of number of students contributed, are: Ohio, 718; Massachusetts, 572; Missouri, 508; Texas, 495; North Carolina, 480, and Michigan, 452. Four states had less than 20 each, these being Arizona, 13; Wyoming, 8; New Mexico, 8; and Nevada, 4. There were 12 students from Hawaii, Porto Rico and Philippine Islands, and 458 students from foreign countries. — Philadelphia Inquirer.

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Closely allied as part of college equipment is now considered the hospital. As to their qualifications we might note this statement made by Dr. Baldy, President of Penn. State Medical Board, at Federation of State Medical Boards of the United States, while attending official annual meeting of the Council of Medical Education of A. M. A. at Chicago, February 7th, 1916.

His language is as follows:

"In discussing the standardization of hospitals, Dr. Baldy of Pennsylvania said that out of 220 hospitals in the state, less than seventy-five were up to standard. He sharply criticized physicians, trained nurses and boards of managers of hospitals for laxity of duty, incompetency and laziness."

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Nothing speaks quite so frankly of conditions, past and present, as figures. Further expressive of idea given is following quotation taken from Journal of A. M. A. of February 19, 1916, under heading, "Annual Congress of Medical Education, Public Health and Medical Licensure," which was "Twelfth Annual Conference of the Council on Medical Education of American Medical Association":

**"Progress in Medical Education.**

"Dr. N. P. Colwell, Chicago: From 1865, just following the Civil War, the number of medical colleges in the United States was rapidly increased, until in 1904, 166 separate institutions were reported.

"Conditions in 1900, therefore, were ripe FOR THE BEGINNING OF THE CAMPAIGN which the American Medical Association inaugurated through its Council on Medical Education. AS A RESULT, the number of colleges HAS BEEN REDUCED by 43 per cent, the total number of medical students HAS BEEN REDUCED by nearly 50 per cent, and the annual number of graduates HAS DROPPED nearly 40 per cent. The totals last session were ninety-five medical colleges, 14,891 medical students and 3,536 graduates.

"While statistics show that the total enrollment of students has about reached its lowest ebb, THE NUMBER OF COLLEGES WILL DOUBTLESS CONTINUE TO SHOW A DECREASE OWING TO THE GENERAL ADOPTION OF HIGHER ENTRANCE STANDARDS. There is no danger of a dearth of medical colleges, however, since it can be seen that fifty or sixty medical colleges could easily care for all the students enrolled during the session of 1914-1915 in the 102 medical teaching institutions."

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As part of machinery at work forcing down production of physicians, we now note hand of steel which is forcing medical colleges to meet A. M. A. terms of quantity of students they may enroll; under guise, of course, that more than this could not be properly taught theory and practice of medicine and surgery. What next?

The following quotation is taken from "General" Medical News of Journal of A. M. A. of April 1st, 1916:

"Limits Enrollment of Students—A resolution recently adopted by the board of trustees of the University of Pennsylvania limits the classes for the first and second years in the School of Medicine to 100 students each. This is the fifth school to limit the enrollment in its classes, the other four being: Johns Hopkins University, Medical Department; Leland Stanford Junior University, School of Medicine; Rush Medical College, and the University of Minnesota Medical School."

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Above is unquestionably within their power so to do; it is also with privileges of school to be so forced, because they are not supported by big business and more of it, neither must they be maintained by actual tuitions as are private institutions. So long as endowment takes care of them, it is immaterial whether they have 10 or 100 students. So long as state pays bills, student



does not pay faculty, buy equipment or build buildings — that's up to state to maintain. Less students, greater taxation, none of which would be practical with a privately owned institution. Whether *they* build, or don't build; whether *they* pay salaries, or don't pay any; whether *they* buy equipment, or don't, are questions of actual enrollment and tuitions paid. Limit them to 100 — and that's what it's desired to force us to — and private institution with its progress goes out. All medical progress comes from free and independent, thinking and reasoning institution that lives because of its being better and more fit under competition. Endowed or state-taxed institution can and does lie back; grows stale with musty ideas; it matters not, for the *state pays the bill*. Newer idea must make good or state-controlled institution dominates it by very fact of its magnitude, even tho rusty.

That the slaughter continues to go on and on is further proven by latest information at our command. That which now follows is taken from article, entitled, "State Board Statistics for 1915," and appeared as "Annual Presentation by the COUNCIL on Medical Education of Results of State Board Examinations," as published in Journal of A. M. A. of April 8, 1916.

Quotations, directly apropos, are as follows:

"Graduates of all Years Examined in 1915.

"Table A shows the results for all candidates who took examinations in 1915, regardless of the years in which they graduated. This shows that altogether 5,313 CANDIDATES WERE EXAMINED LAST YEAR, AS COMPARED WITH 5,570 IN 1914, 6,435 IN 1913, 6,879 IN 1912 AND 6,960 IN 1911. THERE HAS BEEN A STEADY DECREASE EACH YEAR SINCE 1906, when 8,035 PHYSICIANS WERE EXAMINED. THE DECREASE EACH YEAR HAS BEEN DUE LARGELY TO (1) the wider extension of reciprocity and (2) THE GENERAL DIMINUTION IN THE NUMBER OF MEDICAL COLLEGES, STUDENTS AND GRADUATES.

"THERE WERE 93 MEDICAL COLLEGES IN THE UNITED STATES GRANTING DEGREES IN 1915 WHICH HAD GRADUATES EXAMINED, AS COMPARED WITH 96 IN 1914, 99 IN 1913 AND 110 IN 1912. THIS IS A DECREASE OF 60 SINCE 1905, WHEN 153 MEDICAL COLLEGES IN THE UNITED STATES WERE EXAMINED.

**"Total Registration in 1915.**

"The tables thus far described have referred only to the results of examinations and to those registered on that basis. Table 1, however, shows the total number who received licenses in each state, including those registered by examination, by reciprocity and under various exemption clauses. Altogether 5,876 PHYSICIANS WERE REGISTERED BY ALL METHODS DURING 1915, AS COMPARED WITH 5,797 IN 1914, 6,501 in 1913, 6,723 in 1912, 6,824 in 1911, 7,352 IN 1910 AND 7,865 IN 1906. THERE HAS BEEN A CONSTANT DECREASE IN THE TOTALS LICENSED BY ALL METHODS UNTIL THIS YEAR, WHICH SHOWS AN INCREASE OF 79."

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That higher standards of education were originally intended to force down enrollments is beyond question. It is indisputably proven by unlimited evidence, a trifle of which is presented here. That there might be NO lingering question, we herewith quote some more to show that "Invisible Government" is malicious in its intent, that such intent was designedly framed, that it has been systematically worked to that end; that the altruistic talk of better serving the people with fewer numbers is balderdash and a veil for ulterior motives.

Following quotation is taken from March 15, 1915, issue of A. M. A. Bulletin; same being from an address delivered before 11th Annual Conference on Medical Education of The American Medical Association; statements being credited to N. P. Colwell, M.D., Secretary:

**"Effect of Higher Standards on Enrolments.**

"Of the 100 medical colleges still existing, 84 have put into effect the requirement for admission of one or more years of collegiate work in addition to a high school education. In 47 colleges the higher requirement became effective in 1913 or earlier, and from 41 of these reports have been received showing this year's enrolments of students and all but four report either increased enrolments, or larger freshman classes. In 37 colleges the higher requirement began in 1914—at the beginning of the present college session—and, with one exception, these colleges had decreased enrolments, AS WAS EXPECTED.

"Reports were also received from eight medical colleges which continue to admit students having only a high school education. Unusually large enrolments were expected in these colleges owing

to the higher standards enforced elsewhere. It was surprising, therefore, THAT ONLY THREE HAD INCREASED ENROLLMENTS, and in these the increase was small.

"It is evident, therefore, that the extensive publicity given in recent years to the need of higher educational qualifications IS HAVING THE DESIRED EFFECT and students are obtaining the preliminary education needed to enter better medical schools."

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That newspapers should take up this matter, editorially, is not surprising, especially in view of cry for "Preparedness" in event of war.

McKeesport (Pa.) Daily News of July 5, 1916, says, editorially:

**"Can't Blame This on War.**

"A shortage of young physicians at hospitals is said to exist in Pennsylvania because of a law that adds two years to the time a young man must serve before he is recognized by the state examining board.

"It is authoritatively declared that resident physicians are at a premium, and that the reason for it is a big decrease in the number of young men studying medicine, brought about by the law. It is asserted that the number of young men in medical schools of the state is less this year by many hundreds, some schools showing a decrease in the medical department of more than 200 per cent.

"With the government anxious to have young doctors leave hospitals and enlist for army service, the situation is more serious, no doubt, than those who advocated the law realize. Even without releasing internes for army service it is said hospitals are short of physicians.

"Who is responsible for the advocacy of such a law? Is there a doctors' trust, as has been asserted from time to time? Would physicians of the state and country stoop so low? It is hard to believe such a thing. But, if there is no trust among physicians and if they had nothing to do with the passage of such a law, there is an easy way for them to refute the nasty rumors. They have organizations. Their activity in having the law stricken from the books would prove their innocence.

"Naturally, the fewer doctors there are the less competition, but the demand for young doctors shows that anything that keeps the number low is dangerous. We have in the country many famous physicians and surgeons who qualified under less study than is demanded now, which proves to many that the line is being drawn too tight."

TABLE OF COMPARISONS BETWEEN PROPORTION OF PHYSICIANS TO  
POPULATION IN THE UNITED STATES, BASED ON THE FLEXNER  
REPORT OF 1910 AND A TABLE EXTRACTED FROM JOURNAL  
OF THE A. M. A. OF MAY 27, 1916.

State —	Flexner			—American Medical Assn.—		
	Population	Physicians	Ratio	Population	Physicians	Ratio
Alabama .....	2,112,465	2,287	924	2,301,277	2,569	†892
Arizona .....	.....	.....	.....	247,299	307	806
Arkansas .....	1,476,582	2,335	582	1,713,102	2,637	*649
California .....	1,729,543	4,314	401	2,848,275	5,687	*501
Colorado .....	653,506	1,690	329	935,799	1,733	*540
Connecticut .....	1,054,366	1,424	740	1,223,583	1,678	†729
Delaware .....	.....	.....	.....	211,598	261	811
District of Columbia .....	322,212	1,231	262	358,679	1,482	*365
Florida .....	.....	.....	.....	870,802	3,421	823
Georgia .....	.....	.....	.....	2,816,289	3,421	823
Idaho .....	.....	.....	.....	411,996	439	939
Illinois .....	5,717,229	9,744	586	6,069,519	10,648	†570
Indiana .....	2,808,115	5,036	558	2,798,142	4,872	*574
Iowa .....	2,192,608	3,624	605	2,221,038	3,751	†592
Kansas .....	1,663,438	2,650	628	1,807,221	2,683	*674
Kentucky .....	2,406,859	3,708	649	2,366,185	3,584	*660
Louisiana .....	1,618,358	1,798	900	1,801,306	2,060	†874
Maine .....	724,508	1,108	600	767,638	1,205	*637
Maryland .....	1,319,132	2,012	658	1,351,941	2,292	†546
Massachusetts .....	3,162,347	5,577	667	3,662,339	5,869	*624
Michigan .....	2,666,308	4,109	649	3,015,442	4,360	*692
Minnesota .....	2,162,726	2,204	981	2,246,761	2,447	†918
Mississippi .....	1,786,773	2,054	887	1,926,778	2,048	*941
Missouri .....	3,491,397	6,323	552	3,391,789	6,399	†530
Montana .....	.....	.....	.....	446,054	636	717
Nebraska .....	1,069,579	1,776	602	1,258,624	1,911	*659
Nevada .....	.....	.....	.....	102,750	154	667
New Hampshire .....	443,140	680	651	440,584	690	†639
New Jersey .....	.....	.....	.....	2,881,840	3,239	889
New Mexico .....	.....	.....	.....	396,917	430	923
New York .....	8,706,039	14,117	617	10,086,568	15,670	*646
North Carolina .....	2,142,084	1,761	†1,216 } †1,110 }	2,317,095	2,102	†1,128
North Dakota .....	536,103	552	971	713,083	586	*1,217
Ohio .....	4,594,240	7,838	586	5,038,627	8,045	*626
Oklahoma .....	1,592,401	2,703	589	2,114,307	2,634	*803
Oregon .....	505,339	782	646	809,490	1,187	*741
Pennsylvania .....	7,032,915	11,056	636	8,383,992	11,502	729
Rhode Island .....	.....	.....	.....	602,765	772	781
South Carolina .....	1,510,566	1,141	1,324	1,607,745	1,399	†1,149
South Dakota .....	498,077	607	821	680,046	676	*1,006
Tennessee .....	2,248,404	3,303	681	2,271,379	3,457	†657
Texas .....	3,780,574	5,789	653	4,343,710	6,240	*693
Utah .....	336,122	359	936	424,300	465	†912
Vermont .....	353,739	663	534	362,452	668	*543
Virginia .....	2,032,567	2,215	918	2,171,014	2,547	†852
Washington .....	.....	.....	.....	1,471,043	1,695	868
West Virginia .....	1,135,206	1,608	706	1,359,474	1,729	*783
Wisconsin .....	2,356,874	2,518	936	2,473,533	2,803	†882
Wyoming .....	.....	.....	.....	174,148	251	694
	79,942,441	124,718	640	100,399,318	145,241	691

\*Gain. "Gain" in the above computation is equivalent to meaning that ratio of one physician to population is greater within periods 1910 and 1915 than before.

†Loss. "Loss" in above computation is equivalent to meaning that ratio of one physician to population is less within same periods of time than it was before.

In above computation it will be noted that twenty-one states report a gain in ratio, whereas sixteen report a loss. In no one state is gain or loss very much. Minimum loss is 12, maximum being 175. Minimum gain is 9, maximum gain being 246.

Whatever the aim in higher education was intended to do, it shows that there is no law so stringent but what, if it doesn't reflect the public mind—intended for mass good—it will fail to do selfish object desired. If, on reverse, higher education is selfish and for the class alone, it will fail as above figures for five years prove.

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THE COMMISSION HEARING, page 1554.

Dr. Copeland, "Dean, New York Homeopathic Medical College," makes following statement:

"NOW THERE IS NO DOUBT, MR. COMMISSIONER, THAT IN THIS COUNTRY—I DO NOT KNOW ANYTHING ABOUT CANADA—THE STANDARDS OF MEDICAL EDUCATION HAVE BEEN SO ELEVATED THAT THE RURAL COMMUNITIES ARE ACTUALLY STARVING FOR DOCTORS. Is it not reasonable to suppose that if it is necessary for a man to spend four years in a medical college, and then two years in a hospital, that he is not going out to 'Podunk' to practice—that is, he is not going out into the country to practice? That man naturally is going where he can have academic associations. THEREFORE, I BELIEVE THAT THE FAR-SEEING LAW-MAKER MUST MAKE SOME PROVISION FOR THE RURAL COMMUNITIES AND FEW PEOPLE WHO MAY BE CALLED 'RURAL' IN SO FAR AS THEIR GRASP OF MEDICINE IS CONCERNED—PEOPLE WHO TAKE HOLD OF THESE 'ISMS' AND FOLLOW THESE CULTS. THAT QUESTION HAS BEEN DISCUSSED IN THIS COUNTRY, AND THE SUGGESTION MADE IS THAT THERE SHOULD BE TWO DEGREES—ONE OF WHICH IS BACHELOR OF MEDICINE, IS IT NOT, DR. LEWIS?"

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### "AN INVISIBLE GOVERNMENT'S" ABORTION INCREASED BY "IRREGULARS"

Within past ten years it is further conclusive that irregulars, such as Christian Scientist, osteopath, chiropractor, magnetic healer, suggestive therapist, and all other well-known therapists of many kinds have been on upgrowth. It is still an open question how far physicians have not made a living because thereof. Nature abhors a vacuum. Physician failed to get sick well; irregular, proving that he could and did, displaced him who couldn't. Thus, one began to decay as other multiplied. One died as he failed, in ratio as other increased as he succeeded.

As to proof that medical men were decreasing and irregulars were increasing, we quote following article, which appeared in Wisconsin Medical Recorder, published at Janesville, Wis., for May, 1909. Article is by Eli G. Jones, M.D., official statistician of American Medical Association:

**"DRUGLESS HEALING VS. MEDICINE IN THE U. S.**

**"(By Eli G. Jones, M.D., Burlington, New Jersey.)**

**"'Oh, wud some power the giftie gie us  
To see oursels as ithers see us.'**

"I believe the profession does not fully realize the rapid growth of drugless healing in this country. To prepare a paper of this kind I have been to considerable labor, time and expense to get at the real facts, and to get reliable statistics that could be depended upon. In every instance I have gone to headquarters. The attempt is to show that whenever anything that an irregular has built up and proves, even against opposition, is good, that it is time for the uneducated man to assume all rights to the same, gobble it in, and then annihilate it under the pretense of being the only man capable of demonstrating its scientific value. Physicians are no more fit to jump into that line than that a carpenter would be to professional work. 'Special study' along antipodal lines does not make proficiency in this. (This author came to The P. S. C. for his figures expressed below.) I have had statements from three or four different men on each form of drugless healing, also the number of practitioners and number of patients. The mother church of Christian Science, in Boston, has 40,000 members. There are 900 churches and societies in America.

	Practitioners	Patients
"Suggestive Therapeutic Magnetic Healing.....	10,000	3,000,000
Christian Science .....	5,000	4,000,000
Mental Science .....	2,000	2,000,000
Osteopathy .....	5,000	3,000,000
Naturopathy .....	2,000	3,000,000
Physical Culture .....	2,000	1,000,000
Ophthalmology .....	1,500	862,500
*Chiropractic .....	1,000	500,000
Faith Healing .....	100	150,000
Food Scientists .....	100	200,000
Emmanuel Healing .....	100	100,000
	<hr/> 33,300	<hr/> 17,813,000

(\*Chiropractic now (1917) has 7,000 practitioners and 4,000,000 patients.)

"After deducting the illiterate and those who can not read or speak the English language, we find that out of a population of 70,000,000 people in the United States there are 17,600,000 who employ some form of drugless healing, instead of going to a doctor for advice. Of the 15,963,695 families in the

United States there are 5,000,000, or nearly one-third of all the families, who practice some form of drugless healing. At the present rate of increase in population, in 1920 there should be 88,000,000 population in our country. At the rate drugless healing has increased within the past ten years, in 1920 (eleven years from now) there will be not less than 55,000,000 of the population at that time committed to some form of drugless healing. They will then hold the balance of power in this country. At the rate of increase of medical doctors, deducting the deaths, there will be in 1920, 160,000 doctors, who will only have 33,000,000 people to depend upon for their bread and butter. In twenty years, at the outside, the doctors will be out of business. The present tactics pursued toward the drugless healers by the medical profession, if continued, will only hasten its own downfall. We should have learned something from the past. Going back one hundred years, we had the new physician to contend with. First, we tried ridicule, then persecution, then medical laws, to buy and legislate them out of existence. All this has only helped them to increase so much faster, until at the present time we have 30,000 physicians of the eclectic, homeopathic and physiomedical (botanic) school who are patronized by 17,100,000 people in the United States. Therefore, to combat successfully with this drugless healing in our country we must change our tactics entirely, or meet with defeat, as we have in the past. To understand why drugless healing is so rapidly on the increase in America, we must seriously consider the different causes that have brought about this condition of things. It is an old law in military science that 'we should never expose our weak points to an enemy.' Yet that is just what the medical profession has done repeatedly within the past century.

"In our text-books, lectures, medical journals, and in the public press, have appeared statements from prominent men in the profession, declaring their want of confidence in drugs to heal the sick. All such statements have been just so much ammunition furnished the enemy with which to accomplish our own defeat.

"By sticking to old theories, old ideas, old remedies, we have shown a lack of progress. Thus it is that many diseases of our people are not being cured by the physician, but, as the following table will show, the mortality is certainly not decreasing as it ought to be. There it is that we have exposed a weak point to the enemy. Deaths from the following named diseases from 1890 to 1900:

	1890	1900
Consumption .....	102,199	111,059
Pneumonia .....	76,498	105,971
Heart Disease .....	44,959	69,315
Disease of Kidneys .....	19,457	36,724
Typhoid Fever .....	27,058	35,379
Cancer .....	18,936	29,475
Apoplexy .....	14,999	26,901
Inflammation of Brain and Meningitis.....	17,775	25,664
Paralysis .....	16,570	28,865

"Influenza, diseases of the stomach, measles, diseases of the liver, peritonitis, scarlet fever, septicaemia, diabetes, rheumatism and cerebro-spinal fever also show an increase in the mortality. Of deaths from appendicitis, in 1900 there were 5,111. It is a fact, and not a pleasant one to contemplate, that many cases of the above diseases are being cured by the drugless healers. Thus it is that they grow and fatten on our failures."

("It is a fact, *and not a pleasant one* to contemplate, that many cases of the above dis-eases are being cured by the drugless healers." It is a shame that people get well, simply because the "irregular" does it. "It is a fact, and not a pleasant one," to know that sick people are getting well. Herein lies the jealous keynote of why *this* man never could live up to the standard he wishes other to come to, as explained later on.)

"While we, as a profession, have loudly protested that certain diseases are incurable by medicine, the drugless healers have cured them without medicine.

"We have exposed another weak point in our neglecting the study and treatment of chronic diseases. Patients have gone the rounds of the doctors to get relief, but as they could not find it, they drifted into the hands of the drugless healers. Within the past century our people, from an excessive use of tea, coffee and other stimulants, have become a nervous, hysterical people. Insanity is on the increase with nervous diseases. Many of these nervous patients go to other doctors because the physicians do not understand how to treat such cases. Many of them pass into the hands of the drugless healers. There they find someone who can 'minister to a mind and nervous dis-ease.'

"Another weak point that we have exposed to the public is the fad and mania for operations. In every case where the surgeon can possibly find any excuse for an operation it is done. Thus it is that our American women, for many of the ailments that they have, are being unsexed and degraded to gratify the surgeon's lust for operations. How can the American woman perform the duties of a wife and mother when she has been mutilated and unsexed?

"Child-birth is a natural process of Nature, yet it is the fad not to wait for Nature, but to deliver the woman by instruments. This 'meddlesome midwifery' has caused a fearful increase in cancer of the uterus, until we have 60,000 married women in America suffering from the disease. This is something that we shall be called to account for at the bar of public opinion, and is just so much more capital furnished the enemy with which to condemn us.

(We fear that "bar of public opinion" more and appreciate its discriminating qualities more than any other attribute of the American mind. We wish there were more of it now; the quicker would drugs and knives be done away with. *It is this "bar of*



*public opinion*" that is vindicating Chiropractors the country over, even against osteopathic tirades and tyrannical trials.)

"We have raised the standard of medical education; we have lengthened out the course of study in our medical college; our teaching the point where doctors are graduated, loaded down with technical theories, has become more and more technical and scientific, until it has reached knowledge, and lacking the practical knowledge 'how to heal the sick.' As the years pass on, less and less time is given to the study of *materia medica* and practice, until at this time we give fifty per cent of the time to surgery. It would seem from this that it is of more importance to know how to 'cut up' our patients than to know how to cure them.

"We have had medical laws enacted, making it a crime to heal the sick. These laws have proved a 'boomerang' to the doctors. They are so well protected that they can't move from one state where they are. Your gray hairs, your reputation, skill and experience won't save you; your diploma doesn't count for anything. It is for your medical board to decide whether you shall be allowed to practice your profession or not. The public may laugh at us for being caught in our trap. Thus, while we have become so well protected by our medical laws, the people are learning how to cure themselves without our assistance. Every prosecution of the drugless healers — every time you stir them up — simply advertises them and adds thousands of friends and patrons to them. It is a well-known law in horticulture that with certain shrubs the more you stir the dirt around them the faster they grow. Let them alone and they wither and die. When will the profession learn wisdom and let these drugless healers alone? (This paragraph is worthy of deep reflection upon the part of every Chiropractor. Laws stifle progress and freedom.) It becomes a very serious question — 'What can be done to stem the tide of drugless healing?'

"It seems to me that the future of our profession largely depends upon how we meet the present issue. It is a critical time with us, and we can't afford to make any foolish blunders. With us it is simply 'United we stand, divided we fall.' Our first move should be organization. Some would say, 'Why not organize as one society under one name, dropping all pathies and isms?' Such a thing would be impossible. Each particular school of medicine has its history, its teachings, its traditions, its ancient landmarks. There is something we can do — stop quarrelling among ourselves and calling each other names! In every village, town and city let the doctors meet together, form clubs and societies, and unite for the common good. Let us show the people we are united. To retain the respect and confidence of the public we must satisfy them that we are competent to treat any dis-ease in our country at the present time; also, that we believe in our medicines. If we can't do those two things our chances for success in the future are slim. We must study and define action of our remedies on the human body in health and dis-ease. I really believe that there is a platform upon which all physicians who use medicine can unite, and with that platform they can save themselves and stand as a solid front before the world. I urgently request every physician to read it carefully, and want to hear an honest

expression from every doctor. Are you with me in the fight to save our profession?

“Whereas, We believe it to be the business of the doctor to heal the sick;

“Therefore, We hold the following proposition to be self-evident:

“(1) That it is the duty of the physician to use every means in his power to cure his patients.

“(2) That a therapeutic fact is of value to us, no matter from what source it may come.

“(3) That we are opposed to useless surgery, believing it to be the duty of the physician to give his patients the best medical treatment that skill and experience can give them, and to only use surgery when necessary.

“(4) That we love and honor our Alma Mater, and have perfect confidence in its faculty to judge of our qualifications to practice as an M.D. Therefore, we insist upon our diploma being the passport for us to practice our profession anywhere under the American flag.

“(5) We are not afraid of competition with our brother physicians, and we do not ask to be protected by medical laws which prevent graduate physicians from practicing.

“(6) We welcome to our ranks any respectable physician, no matter what his system of therapeutics may be.

“(7) We claim the constitutional right of every American citizen to use any remedies that may help us to heal the sick. We are opposed to any man or society of men dictating to us what remedies we shall use or what medical journals we shall read.

“(8) We are aware of the fact that much harm has been done in belittling the study of materia medica and teaching the uncertainty, thus making medical nihilists of so many of the profession.

“Therefore, We earnestly advocate the diligent study of the action of our remedies, in health and dis-ease, that we may all the sooner form a definite system of therapeutics containing remedies that have a positive remedial action upon certain dis-eased conditions.”

“I really believe that the great majority of our doctors love their profession, and want to treat the sick and do all they can for suffering humanity. That being the case, it would seem that every intelligent, broad-minded, whole-souled physician can honestly endorse the above platform with all his heart and soul. Under this standard we shall win out; divided, we shall go down to defeat. Let us not deceive ourselves as to the strength and influence of drugless healing. They have spent vast sums, and will spend much more, in teaching and educating the public. Many books, pamphlets, circulars, magazines and newspapers are being published and distributed, and are read in the homes of our people. They are fully organized, with money, colleges, societies, lecturers, etc. Every movement by the medical profession; every death from useless surgery; every death from antitoxin; every blunder made by mistaken diagnosis or treatment; every

word uttered by a physician that can possibly be construed as lacking confidence in medicine, is all recorded. The book is being opened and the profession is being judged out of the things written in this book. You may rest assured that the people will give you all the medical laws that you ask for. They will then know that it will only be giving you a little more rope to hang yourselves with. Dating from the time when the first medical law was passed, drugless healing has been growing by leaps and bounds in this country. They are the best thing to boom the drugless healing of anything that our profession could possibly devise. In loudly proclaiming the importance of preventing dis-ease, let us not forget to inform the public that we can also cure it. What would you think of firemen called to a burning building telling the owner that they 'did not know how to put out the fire, but they would try to prevent any other houses getting afire?' What are firemen for, if not to put out fires? What are doctors for, if not to heal the sick?

"From now on, if we want to retain the respect and confidence of the public, we must play fair and be honest with them. We profess to heal the sick, and we have simply got to 'make good' or see the drugless healers grow and fatten on our failures." — Wisconsin Medical Recorder, Janesville, Wis., May, 1909.

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(Article quoted verbatim below is extracted from THE MEDICAL COUNCIL of June, 1916. This magazine says, about itself, following: "Most Widely Circulated Medical Monthly," also "A service of truth and only a service of truth from cover to cover." This magazine is so strictly medically ethical that they refuse subscriptions of Chiropractors. We mention this to prove MEDICAL COUNCIL is no drugless-magazine parading under some medical name. It is one of very highest-grade, standard medical journals and so recognized by most ethical of medical profession. This knowledge is important in view of nature of article itself. — Author.)

#### "OUR LEGAL HANDICAPS"

"By G. M. RUSSELL, M.D., Chelan, Wash.

"I have read the articles recently appearing in your Journal on the above subjects, as well as those on the 'Psychology of Patronage,' with deep interest, and I believe I have some thoughts along those lines that may prove of interest to your readers.

"Is it not a fact that the laws governing the practice of medicine in the various States were framed by, or through, the aid and assistance of the State Medical Societies of those States? Is it not a fact that they were really originally passed more for the protection of organized medicine, TO KEEP DOWN COMPETITION, to discourage the young man from taking up the study of medicine BY MAKING IT AS DIFFICULT AS POSSIBLE

FOR HIM TO BECOME A LEGALIZED PRACTITIONER, THAN TO RAISE THE STANDARD OF MEDICAL EDUCATION, ADMITTING THAT THE LATTER RESULT HAS BEEN ATTAINED? If this were not the case, would there still be several States in this supposedly free country refusing to recognize licentiates from other States whose requirements are perhaps more stringent than their own? Can any other interpretation be placed upon it?

"While undoubtedly the main reason for the existence of these laws is the protection of the legalized physician, they have accomplished good in the way of bettering our medical colleges and forcing more medical knowledge into the student before his graduation, but on the other hand they have certainly been unjust to the old practitioner, and perhaps prevented many a man, unable to obtain a license, from doing some good that the licensed man is unable to do.

"The medical lobbyist, and those responsible for his being, contend that examinations are necessary to determine whether or not the would-be practitioner has fundamental knowledge sufficient to enable him to properly discover what is the matter with his patient. The issuance of a certificate by the POLITICALLY APPOINTED Board implies that the holder has that knowledge. To be worth anything it should guarantee his ability to discover what is the matter with his patient.

#### "POOR DIAGNOSIS.

"Several years ago Dr. R. C. Cabot, under the caption, 'A Study of Mistaken Diagnoses,' announced in the Journal of The American Medical Association that post-mortem findings revealed a high percentage of incorrect clinical diagnoses. He listed 1,761 cases where he compared the autopsy findings with the clinical diagnoses and data. The average percentage of correctness of these diagnoses in these cases, taken as a whole, was 47.3 per cent. In 1913 the Committee on Inquiry into the Department of Health, Charities and Bellevue, and Allied Hospitals in the City of New York, compared the autopsy findings in Bellevue Hospital with the clinical diagnoses, and this comparison revealed the fact that clinical diagnoses were confirmed in only 52.3 per cent of the cases.

"If such a poor showing is made in such institutions in the largest city in the world, WHERE EVERY DIAGNOSTIC APPARATUS KNOWN IS AVAILABLE AND THE ASSISTANCE HAD OF THE BEST MEN IN EVERY BRANCH OF MEDICINE, EXPERTS IN CHEMISTRY, PATHOLOGY, BACTERIOLOGY, SERUM DIAGNOSIS, ETC., WHAT MAY BE EXPECTED OF THE SMALLER MAN OUT ON THE CROSS ROADS ARMED WITH A STETHOSCOPE, CLINICAL THERMOMETER, TEST TUBE AND SPHYGMOMANOMETER, AND WITH NO LEARNED CONSULTANTS TO CALL IN? It would be interesting to know what percentage of the diagnoses of THE AVERAGE MAN throughout the country in the smaller towns is correct.

#### "SEARCHING QUESTIONS.

"Assuming that the percentage of correct diagnoses all over is 50 per cent (and it is not probable that it is nearly this high), legalized physicians

are treating at least 50 per cent of their patients WITHOUT KNOWING WHAT IS THE MATTER WITH THEM. THE UNLICENSED MAN WOULD PROBABLY NOT DO VERY MUCH WORSE. According to these statistics, the very best that the medical profession can do today is to furnish an accurate diagnosis in 50 per cent of the cases. Granted that a correct diagnosis is made, IN THE PRESENT CHAOTIC STATE OF THERAPEUTICS, how much medication really produces any beneficial results? How much of it really affects the pathology? What percentage of our methods of treatment really benefit our patients? What percentage does them no good? And what percentage does them positive harm? UNTIL WE CAN ANSWER THESE QUESTIONS, WHAT RIGHT HAVE WE TO SAY THAT OTHER FORMS OF TREATMENT WITH WHICH WE ARE UNFAMILIAR DO LESS GOOD, DO MORE HARM, OR ARE NEITHER BENEFICIAL NOR HARMFUL AS COMPARED WITH THE METHODS WE USE?

"IT SEEMS TO ME THAT IN THE PRESENT IGNORANT, LESS THAN 50 PER CENT EFFICIENT CONDITION OF THE MEDICAL PROFESSION, WE ARE IN A VERY POOR POSITION TO ASSUME THE RIGHT TO PROHIBIT ANYTHING.

#### "STATE BOARD EXAMINATION.

"I CONTEND THAT THE PROCEDURE OF ENDEAVORING TO ASCERTAIN ANY PHYSICIAN'S QUALIFICATIONS, OR OF DETERMINING THAT HE IS A SAFE MAN TO PRACTICE MEDICINE, THROUGH A WRITTEN EXAMINATION OF TEN QUESTIONS ON EACH SUBJECT IS A HUGE FARCE. As Dr. Morris says on page 54, February Council, 'Men who pass the best examinations are by no means necessarily the best men.' Carry this farther and how many of the men who flunk on a State Board examination would not prove themselves excellent physicians in practice? Might not some of them prove more valuable to medicine and the public than those who pass? Some of these men have undoubtedly been done an injustice, and perhaps the communities in which they live deprived of a better doctor than any other that ever existed there.

"We are very particular to see that no new recruits come in without passing a rigid examination, and apparently come up to an arbitrary standard on paper. Should this be a safe, sane, honest method of determining a physician's knowledge of medicine? Is it one by which it can be determined that the applicant has the ability to put his knowledge successfully into practice, and if he can, that he will in all cases? Does the fact of his passing such an examination insure that five or ten years later he would still be able to come up to the then standards? Is the man out 30 years up to the present standard? IF NOT, IS IT NOT AS MUCH OF A CRIME TO PERMIT HIM TO PRACTICE AND FORFEIT THE LIVES OF PATIENTS THROUGH HIS FAILURE TO KEEP UP TO THOSE STANDARDS AS TO PERMIT A YOUNG MAN JUST OUT OF COLLEGE TO DO THE SAME IF HE FALLS BELOW GRADE?

**"IS THE PUBLIC PROTECTED?"**

"Any law intended for the definite and specific purpose of protecting the people from incompetence should have provision for the physician's future ability as well as for that of the present. If the purpose of these laws is to protect the patients, sentimentalism associated with years of practice should not be considered, and some provision should be made to follow the physician through his professional career and see that he **KEEPS** up to date, and maintains the highest degree of efficiency.

**"WHAT IS QUACKERY?"**

"Dr. Kennedy, in 'Our Legal Handicaps,' says, 'IF MEDICINE WERE AN EXACT SCIENCE, THE QUACK WOULD BE AN IMPOSSIBILITY, BUT THE FACT THAT PROBABLY 90 PER CENT OF DISEASES WILL RECOVER IN SPITE OF IMPROPER TREATMENT, OR NO TREATMENT AT ALL, MAKES THE QUACK A POSSIBILITY.'

"How much of this applies to the LEGALIZED physician? IF 90 PER CENT OF OUR PATIENTS WOULD RECOVER ANYHOW WITH NO MEDICATION, OR IN SPITE OF OUR IMPROPER TREATMENT, ARE WE NOT ALSO QUACKS TO THE EXTENT OF 90 PER CENT IN ASSUMING TREATMENT OF THEM? THEN, IF IN THE BALANCE OF 10 PER CENT WHICH REALLY REQUIRE TREATMENT TO RECOVER, WE ARRIVE AT A CORRECT DIAGNOSIS IN ONLY 50 PER CENT, ARE WE NOT QUACKS TO THE EXTENT OF THE OTHER 50 PER CENT IN HOLDING OURSELVES OUT AS BEING ABLE TO DIAGNOSE THEM AND GIVE PROPER TREATMENT? Further, in what proportion of the 50 per cent in which we do arrive at a correct diagnosis DO WE INVARIABLY APPLY TREATMENT THAT IS EFFECTIVE? In what percentage of these cases which we are able to do nothing but palliate MIGHT NOT THE IRREGULARS DO BETTER? Who can tell? WHY IS IT NOT INTELLIGENTLY TRIED OUT?

"I am admitting that patients go to an 'irregular,' who should go to a surgeon or internist, or perhaps a specialist. On the other hand, who can deny that some who go to the surgeon, internist or specialist, might fare better in the hands of the 'irregular?' Is it any worse for one to go to the irregular when he should go to a surgeon than for one to submit to a Lane operation for stasis, resulting in the horrible, irremediable pathology illustrated by Dr. Jas. T. Case, in the Journal A. M. A., November 16, 1915, for a condition that can easily be permanently relieved by simple judicious treatment, if you know how? And hundreds of these operations have been PERPETRATED by men considered THE BEST surgeons in their communities, TO THE EVERLASTING REGRET OF THE PATIENTS. IS IT RIGHT TO LEGALIZE SUCH STUNTS AS THAT? How is passing a Board going to prevent it?

**"SOME PATIENTS WHO FLEW THE TRACK."**

"Within the past three months I had a patient who could eat but little. Gastric analysis revealed total absence of Free HCl and very low total acidity on repeated examinations, and he failed to improve on diet and

usual remedies. He adopted one of the recent cults and within a very short time was able to eat anything, apparently is perfectly well, and is at work. He had been treated by other physicians for the same condition during the past four years with no better results than I obtained.

"Another patient whom I did not treat, but I know very well, had diagnosis of good men in the city of Portland, of tuberculosis of bowel, and was sent home to die. He also took up with a cult, and writes me that he is absolutely well, having gained thirty pounds or more.

"How are you going to explain these occurrences? DO THEY NOT SHOW SOME MERIT IN METHODS WE RIDICULE? When people we can do no good are at least relieved of suffering by these means, no one can blame them for adopting them, and to my notion ANY LAW THAT WOULD PREVENT A SUFFERER FROM BEING PERMITTED TO RECEIVE SUCH RELIEF WOULD BE PERNICIOUS AND CERTAINLY NOT FOR THE GOOD OF HUMANITY.

#### "RIDICULE ANSWERS NOTHING

"IT DOES NO GOOD TO IGNORE OR RIDICULE. These are facts that must be faced. SO LONG AS MEDICAL SCIENCE IS NOT A SCIENCE AT ALL, BUT MERELY A HODGE PODGE—50 PER CENT EFFICIENT—WE HAVE NO RIGHT TO ASSUME THAT BECAUSE WE CANNOT UNDERSTAND HOW A CHANGE CAN COME ABOUT IN A PATIENT AS OUTLINED ABOVE THAT IT IS NOT DONE AND CANNOT BE DONE. The diagnosis may or may not have been correct. That makes no difference to the patient. WHAT HE WANTS IS RESULTS, and if you cannot give it to him, ALTHOUGH YOU LEARNEDLY TELL HIM WHAT IS THE MATTER WITH HIM, AND THE IRREGULAR CAN, JUST SO LONG THOSE METHODS OF TREATMENT ARE GOING TO HAVE FOLLOWERS, AND RIGHTLY, TOO. If I were a patient in that predicament I would certainly want the privilege of employing ANY mode of treatment that offered any prospect of relief or recovery. Any suffering person who has tried out the diagnosis and treatment of 'regulars,' with no or indifferent effect, should be at liberty to have other forms of treatment. If the 'regular' is not qualified to administer such treatments, the patient SHOULD NOT be prohibited from going to those who can. IF THE 'REGULAR' DOES NOT WISH TO SEE HIS PATIENT GO TO ANOTHER, HE SHOULD PERFECT HIMSELF IN THOSE MODES OF TREATMENT AND BE HONEST IN THE USE OF THEM.

"I believe that every practitioner, whether he passes the Board or not, has some good in him; that however obscure his origin, he may know and be able to do some things valuable in medicine that the biggest man in the city does not know and cannot do. I BELIEVE THERE IS SOME GOOD IN THE 'VAGARIES' OR THEY WOULD CEASE TO EXIST.

#### "SURGEONS AND SURGEONS.

"Not every surgeon throughout the country has the ability that Dr. Kennedy has, and is not able to keep down his mortality record to one-third of one per cent. Many who hold themselves out as surgeons have had but

little training, have poor surgical knowledge and judgment, are bunglers, and while they may save some lives that would die if not operated, they do ill-advised surgical stunts that, on the other hand, result in life-long misery, and in many cases shorten the lease of life as well. If you have a monopoly of only men of the highest standard of efficiency, knowledge, judgment and ability, but a small portion of our country would be served. There would not be enough of that type to go around, and there is a limit to the amount of work a small coterie of such men can do.

"No surgeon can compel a patient to have an operation performed, and if he refuses HE SHOULD NOT BE DENIED ANY OTHER FORM OF TREATMENT HE MAY DESIRE. There is just about as much justice in a law outlining the definite form of treatment one shall employ for his own person as there was in the old one compelling a certain religious belief for the salvation of his soul; AND THE PERSISTENT TREND OF MEDICAL LEGISLATION TOWARD THAT END WILL RESULT EVENTUALLY IN A REVOLUTION SIMILAR TO THAT WHICH TOOK PLACE AGAINST COMPULSORY RELIGIOUS BELIEF.

"Any form of treatment with no merit is doomed to 'disappear into oblivion,' as Dr. Keister says. Then it is assumed that those which do not thus disappear have some merit. If that is the case, why should not that portion showing merit be adopted by the medical profession? Survival of the fittest applies to medicine as well as to everything else. If recent cults had absolutely no merit they should cease to exist.

#### "THERAPEUTIC UNCERTAINTY.

"THE MEDICAL PROFESSION POSSESSES THE ONE GREAT FAULT OF ARROGATING TO ITSELF ALL KNOWLEDGE OF THERAPEUTIC MEASURES, WHILE AS A MATTER OF FACT THEY ARE FLOUNDERING IN THEIR OWN QUAGMIRE OF THERAPEUTIC UNCERTAINTY, AND YET DENYING ANY VIRTUE WHATEVER IN OTHER FORMS OF TREATMENT, ALTHOUGH THEY HAVE NOT INVESTIGATED THEM, AND ARE ENTIRELY IGNORANT OF THEM.

"There are just two ways in which to handle these irregulars:

"First, to blindly ignore any virtue in them whatsoever, AND INTOLERANTLY SUPPRESS THEM BY LAW, THUS ARBITRARILY OBLITERATING THE GOOD THAT IS IN THEM, AND DENYING THOSE WHO KNOW AND RECOGNIZE THAT GOOD FROM EMPLOYING IT.

"Second, to thoroughly investigate them, every one, cull out the positive good we find and use their methods honestly, conscientiously as they would use them, in the cases in which we find them applicable. Have their methods taught in our medical colleges, BY MEN DRAWN FROM THEIR OWN RANKS. Under these circumstances how long would your 'vagaries' exist outside of the regular medical profession?

"We have not yet arrived at that exalted position where we can afford to ignore proven therapeutic measures of any description, whatever may be their source."



EVIDENCE IS BEFORE YOU THAT THERE ARE AND HAVE BEEN TOO MANY PHYSICIANS IN UNITED STATES FOR POPULATION. THERE ARE AND HAVE BEEN THRIVING MANY PHASES OF IRREGULARS PRACTICING UPON ALREADY OVER-CROWDED MEDICAL FIELD, THUS REDUCING POPULATION FOR PHYSICIANS.

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### "AN INVISIBLE GOVERNMENT" NOW ABORTS SELF AND THE IRREGULAR

THERE WAS BUT ONE METHOD OPEN FOR PHYSICIANS. THEY MUST CONTROL THEIR OWN OUTPUT AS WELL AS RESTRICT IRREGULAR IN HIS HIVE WHERE MULTIPLICATION BREEDS — THE SCHOOLS.

1. Medical men, up to time of advent of legislature, were aware that Chiropractors had multiplied.

2. They realized they have prosecuted and persecuted them with little or no permanent effect, except to increase their popularity, thus taking "the persecuting power from our enemy," which means saving *their* hides and taking *your* liberties from you.

3. They realized Chiropractors have made capital on this publicity and have continued to grow in spite of medical practice act, legal prosecutions and Supreme Court decisions notwithstanding.

4. They realized that if Chiropractors had been professional failures *on their one year course training*, people would have professionally ignored them.

5. They realized that even tho training of Chiropractors had been *but one year or less*, they were successful in aiding sick, and thus robbing medical men of money which they felt was justly theirs because of their greater college training and examination license.

6. They realized that Chiropractors, even tho with *one year of training, or less*, had been "curing" their thousands of chronic incurables.

7. They realized that Chiropractors have "cured" thousands of acute cases and robbed them of fat fees in thousands of operation cases, *on that one year of training, or less.*

8. They realized that legislation had to be secured against Chiropractors or they would multiply, *on that one year of training, or less*, and put even medical men out of business, notwithstanding they had legislation, license and Supreme Court decisions in their favor.

9. They realized that to fight Chiropractic *and its one year of training or less* was to make it appear as though there was a "Trust" in reality, but better fight than get their *seven years of training* starved out.

10. They realized that to get the Chiropractor around to *their* viewpoint was easiest process; to get *him* to assist *them* put hoodwinkers on — this they legislatively try to do by merely being a good bluffer *and standing firm.*

11. They realize *now* that they have (Ohio, California, Colorado, Michigan, Pennsylvania) "irregular" just where they have been wanting to get him for ten years, and that they accomplished it with *his* assistance, rather than opposing him.

12. They realized that to compromise with irregular was dangerous, for they had everything to lose; that to remain pat was to secure him, give him cold feet, and thus they brought him around by never granting one inch, other than what they originally proposed to grant, viz.: A few licenses *here and now*, sufficient to get those few to bring forth early death of rest *in future.*

13. They realized that when they had corralled leaders they had followers lined up where they wanted them; that to control present is to kill futures.

This is professional, legal and legislative situation of Ohio (as our continued example) today.

Medical men realize that none of this *legal* situation could have arisen if it hadn't been for *professional* situation as previously outlined; that *legal* odds were in medical man's favor; and that it was as one year of simple professional Chiropractic training against their four, six or eight years of complex medical training; therefore, to save *their* medical statutes, *their* Supreme Court decisions, *state of Ohio* for themselves, they *had* to take

charge of affairs, therefore offered to seemingly compromise and offered a bone of contention — a present license — to D.C.'s and other practitioners who fell for it, and now Ohio is locked in inner recesses of office of Secretary of State *Medical Board*, with key in his pocket and combination in his mind. But let it be further known that every compromise they offered was with strings attached — *control* and killing of *all Chiropractic futures*.

In March 8, 1913, issue of Journal of American Medical Association, under caption "Council On Medical Legislation," with "Dr. Henry B. Favill, Chicago," as speaker, he said:

"We have had a number of these conferences. Every year the question has arisen as to whether they were profitable. Every year has answered that question increasingly in the affirmative."

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What is it they discuss at these meetings? Answer is best found in certain quotations as copied from Journal of American Medical Association under date of Feb. 7, 1915, at a "Conference On Health Legislation" held in Chicago Feb. 15, 1915.

"Dr. Frederick R. Green, Chicago: The rapidly increasing public interest in health topics, the necessity of rational, practical legislation for the protection of the public health, and the manifest importance of avoiding premature, immature and unwise legislative experiments in this field, all unite to emphasize the importance and the rapidly growing necessity of a more intelligent and scientific method of handling these subjects.

"The secretary presented a short law creating a state board of health, approved by the Council on Health and Public Instruction, and also a bill drafted by the Medico-legal Bureau as a basis for discussion, but not yet submitted to the Council, which provides for the regulation and supervision of all persons who treat any sickness, injury, etc., of any human being for compensation within the jurisdiction of any state.

"He said these were tentative bills and are not to be regarded in any way as finished products, but are submitted as a basis for discussion.

"Prof. Charles R. Henderson, University of Chicago: I have read carefully the draft of the bill which is before you, and I am exceedingly delighted with the fundamental idea in it. I want to point out how exceedingly important the principles contained in this bill are in other matters. When we are trying to improve public service in any line we have the choice of having factional partisan politics to determine for us, or accept the principle which is at the basis of the bill offered here. Men who are learned in medical science should not only be the advisors, but they should be in control.

"I congratulate you on the formulation of this bill. It seems sensible. It may need some revision at the hands of lawyers or doctors, but it points in the right direction, and I believe your meeting here will be a great blessing for our citizens and help to mark some steps forward in the great way to progress.

"There is an earnest desire on the part of the Council and Medico-legal Bureau to get definite discussion and a concentrated idea in regard to the best method of handling the extremely difficult and complex problems that come up under the general question of the licensing of persons who are to treat the sick or to practice medicine under the various sects.

"Dr. Green then gave a brief outline of the history and development of this movement, emphasizing the fact that the entire question was an educational and not a sectarian one, and that the only fair basis was a single standard for all.

"Dr. C. N. Suttner, Walla Walla, Wash.: Our State Board of Examiners is pursuing a relentless warfare against quacks, particularly so-called Chiropractics.

"D. William A. Stewart, Pittsburgh: If we are to regulate the practice of medicine and eliminate quacks, it should be done in one way, and that is to have a uniform standard of education.

"Dr. William H. Welch, Baltimore: I am in sympathy with the position of Dr. Bevan. We are not the allopathic school; we are not a school of practice, but are simply physicians, and there is no method of treatment of a patient—Osteopathic, Homeopathic or Christian Science—that a member of our profession is not at liberty to use if he thinks it will benefit the patient. There are two principles which have always guided the regulation of medical practice. One is an effort on the part of the state to secure a body of scientifically trained physicians, and the other is an effort to eliminate quacks.

"Dr. J. M. Baldy, Philadelphia: I have a strong basic belief that the way to wipe out quackism is to put the quack in such a dignified position that he will no longer be a quack, as he himself will get what good he can and see what merit there is in what he is doing, and he will gradually himself wipe out that which he sees himself, as he becomes more educated, is pure quackery. In that way there will be created an enormous impetus which will go toward wiping out quackism. With that as a basis, there is absolutely no justification whatever for any medical men to believe, ask or think that there should be any legislation given for his protection.

"Dr. B. D. Harrison, Detroit: We have the condition that Dr. Baldy is contending for in Michigan. We license drugless healers, but they must have a preliminary education sufficient to study medicine, and also possess a fundamental education in order to make a good diagnosis."

## "AN INVISIBLE GOVERNMENT" REDUCES OTHERS FOR INFLATED FLUCTUATIONS OF SELF

IT IS AN ADMITTED FACT THAT AVERAGE PHYSICIAN CANNOT MAKE A DEPENDABLE LIVING FOR HIMSELF, FAMILY AND CHILDREN; CLOTHE AND FEED FAMILY; KEEP HIMSELF UP ON MAGAZINES AND LATEST FADS AS FAST AS THEY COME AND GO; AND BE AN UP-TO-THE-MINUTE PHYSICIAN ON PRESCRIPTIONS AT \$1 PER TO AN AVERAGE CLIENTELE OF ONLY ONE OF EVERY 568 OF POPULATION IN UNITED STATES, HENCE FINANCIAL NECESSITY OF \$300 APPENDICITIS OPERATIONS, OPERATIONS FOR PROLAPSES, OPERATIONS FOR GALL STONES, OPERATIONS FOR TONSILS, OPERATIONS FOR THIS, THAT AND EVERYTHING HUMAN. IT BECAME A CRAZE BASED UPON NECESSITY OF PHYSICIAN TO MAKE A LIVING WITHIN A RANGE OF 568 PEOPLE. WHAT HE DIDN'T HAVE IN NUMBER OF POPULATION HE MADE UP IN EXCESSIVE CHARGES IN OPERATIONS. \$1 PER PERSON DIDN'T BRING IT; \$300 OR \$400 OR \$500 COMING IN EVERY FEW DAYS MEANT MUCH AND PUT HIM ON EASY STREET. IT WAS BUT A PASSING FEW YEARS UNTIL OUR COUNTRY HAD GONE OPERATION CRAZY. EVERY CHILD WAS PRACTICALLY ORDERED TO HAVE TONSILS, APPENDIX, ETC., REMOVED DURING YOUTH TO SAVE TROUBLE LATER. IT WAS A FAD; A STYLE WHICH NO WOMAN WANTED TO BE OUT OF. THEY WOULD GATHER AT 4 O'CLOCK TEAS, PULL UP THEIR SKIRTS AND SHOW WHERE THEY HAD HAD AN OPERATION AND BOAST HOW MUCH SAME HAD COST.

Dr. John Mackenzie, professor of laryngology and rhinology in Johns Hopkins University, has discussed this phase of subject quite freely and frankly, condemning in strong terms craze for indiscriminate and useless removal of tonsils. We take some extracts from an article of his on "The Massacre of the Tonsils":

"During the past years I have been repeatedly urged by medical friends to give some public utterance by way of formal protest against the indiscriminate and wholesale destruction and removal of the tonsils, which, far above all others, is the chief and most glaring abuse in the laryngology of the present day. They have been good enough to say that a word might

not be amiss from one who has been through the dust and heat of the conflict that has raged around this and other fancies in surgical laryngology which have arisen and fallen during the quarter of a century that has just passed away.

"One of these friends, a distinguished general surgeon of wide experience, large practice, and exceptionally high professional skill, in insisting that I say something on the subject, gave me as his deliberate opinion that of all the surgical insanities within his recollection this onslaught on the tonsils was the worst, not excepting the operation on the appendix. And, indeed, when I look back through an experience of over thirty years, in which I have seen theory after theory, for some of which I have been partially, if not wholly, responsible myself, come and go, materialize and dissolve, I feel that, notwithstanding the fact that I approach the subject with reluctance, with diffidence, with hesitancy — with even timidity — and fully mindful of the truth that we are all liable to error, even the youngest of us, and that nowadays, in some quarters apparently, age and experience count for nothing, I feel I may be pardoned for saying a few words in what I consider to be the interest of the public health and, therefore, of the public safety.

"Let me at the outset be not misunderstood. It is not my object to stir up strife, to impute unworthy motives to anyone, or to arrogate to myself any superior wisdom in the surgical management of tonsil dis-ease.

"Nor do I wish to shift to other shoulders all the blame. I, too, in my earlier days have fallen by the way. Indeed, it was once facetiously said that the street in front of my office was paved with the turbinated bones of my victims.

"Many years ago Austin Flint was conducting an examination in physiology at the Bellevue Hospital Medical School in New York. Among the students who came up for graduation was a bright young fellow, to whom Flint propounded the following conundrum: 'What is the function of the spleen?' And the lad replied that the function of the spleen was to enlarge in malarial fever. To the next question: 'What is the function of the tonsil?' the boy declared that the function of the tonsil was to swell and suppurate in quinsy. 'That will do,' said Flint, 'you have passed a perfect examination, for you know as much about the subject as I do myself.' . . . I remember a long time ago in a discussion on hemorrhage after tonsillotomy before a New York society a distinguished laryngologist made the statement that he had removed without accident many thousands ( I have forgotten the exact number) of tonsils, to which declaration an inquisitive, incredulous individual present, with a mathematical turn of mind, said he had made a calculation which showed that in order to have removed that many tonsils within the limit of an ordinary lifetime the operator would have to average a bushel a day.

"But never in the history of medicine has the lust for operation on the tonsils been as passionate as it is at the present time. It is not simply the surgical thirst, from which we have all suffered in our earlier days, just as at a still earlier period we suffered from the measles; it is a mania, a madness, an obsession. It has infected not only the general profession, but also the laity.

"In the annual reports of nearly all the special hospitals for diseases of the nose and throat, the number of tonsils removed, as compared with all other operations on the upper air tract and its appendages, is simply appalling. In conspicuous and refreshing contrast to the usual narratives of these productions, let me quote from the last report of a well-known children's hospital in this city these words of sanity and wisdom:

"The recent universal inspection of the throats of school children has revealed the fact that nearly all children at some time of life have more or less enlarged tonsils.

"That most of these are harmless, if not actually physiological, and that their removal in these cases is not only unnecessary, but injurious to the proper development of the child, is our conviction.

"Much wild and incontinent talk, for which their teachers are sometimes largely to blame, has poisoned the minds of the younger generation of operators and thrown the public into hysteria. Tonsillectomy, for example, is held out to them not only as sure cure for, but as an absolute prophylactic against, rheumatism and heart dis-ease. They are told, with the disappearance of the tonsil in man these dis-eases will cease to exist. Parents bring, nowadays, their perfectly sound children to the laryngologist for tonsil removal in order to head off these affections. Tonsillectomy is recommended as a curative during the agony of acute articular rheumatism.

"But the origin of the latter dis-ease has recently been traced to an infection of the nasal mucosa following operation. Tomorrow it will come from somewhere else. Those of us who are old enough to remember will recall the story of chorea. Years ago we found the cause of this affection in the nasal passages. When this view, after the usual struggle, had to be abandoned, it was suddenly discovered that the eye was the portal of entrance. Today it has been caught in the tonsil. If we exercise a little patience, it will turn up soon in some other organ.

"In considering the question of operation on the tonsils, and especially complete removal, we must face the following facts:

"1. The functions of the tonsils are, in the present state of our knowledge, unknown.

"2. Whatever its functions may be, and the production of leucocytes is undoubtedly one of them, the tonsil is not, as is generally believed and taught, a lymphatic gland.

"The general ignorance of this fact led to the useless sacrifice of thousands of tonsils, on the fallacious assumption that their functional activity may easily be replaced by the myriads of other lymphatic glands in the body. The physiological integrity of the tonsil is of the utmost importance in infant and child life."

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Dr. McKenzie is one of ablest of his profession, and we owe him a debt of gratitude for his fearless exposure and condemnation of

this tendency to use the knife unnecessarily and to injury of health of its unfortunate and unprotected victims.

Dr. R. K. Smith, in a health talk at the Sunday Commons in Huntington Chambers, Boston, February 1, 1915, is reported to have praised Dr. Cabot for having exposed appalling facts relating to mistakes of doctors in their hospital work. As reported in Boston Post, "He showed how fashion, instead of actual sickness, might play a great part in treatment of patients by telling that recent investigations indicated astonishing numbers of unnecessary operations in those two fashionable dis-eases, enlarged tonsils and appendicitis, and that 17 per cent of appendices removed at a Boston hospital were shown by autopsies to be normal."

Pathetic story is told of little Leroy Atkinson, 8 years old, who drew straws with his sister, aged 6, to determine which should undergo an operation for adenoids first. He lost the cut, went bravely to operating table, and in a few moments was dead. William C. Johnson, 37 years old, died on operating table in a hospital in Indianapolis, reported to be from anesthetic. He was undergoing a slight operation on his toe. Complaint was made that Mary E. Mitchell was forced, against her will, to undergo an operation at Bayview Asylum, Baltimore, Md., from which she died soon after leaving operating table. Minnie Light, after a sickness of three days, died in Berlin, N. H., alleged to be from a delayed operation for appendicitis, after being treated for some other dis-ease thru mistaken diagnosis. John Mehrer died in General Hospital at Spokane, Wash., from an operation on tonsils. Verne Alexander, aged 8 years, died from same cause in office of surgeon who performed operation, in same city, November 22, 1911. At same hospital in that city, August Mengelkamp, 16 years of age, died from an operation on November 24, 1911. Cause was not learned, because, as reported, doctors "refused to discuss the case." Four-months-old child of Mr. and Mrs. Fred R. Wood, Hammond, Ind., September 26, 1914, died from an operation. Oliver Cramer, age 16, August 18, 1914, at Gloversville, N. Y., died from lockjaw, resulting from vaccination. Twin children of Mr. and Mrs. W. C. Ulmer, Bloomingdale, Ind., age 5 years, died August 28, 1914, from an operation removing their tonsils. Mena Smith, aged 15 years, daughter of Mrs. O. G. Smith, Salem, Ore., died August 14, 1914, from effects of an anesthetic



given for operation for tonsilitis. Thousands of such deaths have occurred in this country. Few we have mentioned have been hastily gathered from a few local newspapers and reported at time of their occurrence.

Custom of splitting fees for performing operations has become a common source of revenue for family physicians. This will explain, to some extent, enormous number of operations that are being performed. It pays. This scandal was lately exposed by Chicago News.

Following article from Kansas City Star, reproduced in Humboldt Union, quoting from a paper read by Dr. Child before Jackson County Medical Society, will explain the situation:

**"TOO FREE WITH THE KNIFE—GRAFT AMONG PHYSICIANS SAID TO CAUSE MANY DEATHS.**

"Fee splitting between family doctors and surgeons who perform operations has been taken up by the Jackson County Medical Society. It has been openly charged in a meeting of the society that 'Commercialism, with its parasites, speculation and graft, has a strong hold on the medical profession in Kansas City.' These were the words of Dr. Scott P. Child, chairman of the board of censors of the society, at its last meeting.

"It is charged that so universal has become the practice of fee splitting between the physician who gets a case and the surgeon who performs the operation, not only in Kansas City, but throughout Missouri and Kansas, that many physicians get their principal income from their half of the surgeon's fee, and that patients who are in need of operations are hawked around by the family doctors among the different surgeons to see which one will give the biggest per cent of his fee to the physician.

"But more startling than all is the charge that the family physicians, being enriched by their share of big surgical fees, are straining a point and urge operations where no operation is necessary, and that many have died from this manhandling of patients for big fees."

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In the paper which he read before the Jackson County Medical Society, Dr. Child made the following statement:

"That such fee splitting is a fact is common history the country over, most flagrantly practiced in our neighboring state of Kansas, and, to our regret, the custom prevails among the profession in this city. To the uninformed, to the doubters, or to those who may believe that proof is wanting, or who, as guilty, may demand evidence to prove their guilt, permit me to say that plenty of proof is in hand and more proof is within easy reach if our society acts upon it as it should."

In his paper, Dr. Child made the following specific charges:

"During the last month a physician, a graduate of one of our local medical schools, stated that he had referred operative cases from his town, about 100 miles from Kansas City, to a surgeon and former teacher of his, and that after the operation the surgeon mailed him a check.

"Recently, on request of the chairman of the board of censors of this society, a member of this society confessed that he had mailed several letters to members of the profession in general practice in which he stated that he was now practicing surgery and was prepared to attend to any work they might refer to him, and concluded by saying: 'The business consideration will be satisfactory.'

"A local physician only recently committed himself, in speaking of the number of surgical cases he was referring to a surgeon in this city, of the fees charged, and the fact that he, the physician, received one-half of the money paid by the patients.

"A member of this society, upon graduating a few years ago, and having eye cases to refer to an ophthalmologist, went to a local man of practice and ability and solicited a fee on cases he might refer for special eye treatment. The oculist very honorably refused to buy cases or to pay percentages, and the physician has not referred any cases to him since. Within the past two weeks this same physician referred a special case of another type to a certain specialist and again demanded a division of the fee.

"A very busy surgeon of this society went into a country town to perform an operation upon a boy for appendicitis. The boy was the only child of a family of moderate circumstances. The family physician in the case mailed a check for \$500 to the surgeon through a local bank. The surgeon immediately remitted a draft for \$200 directly to the family physician. I could give many other instances."

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We also call attention to following item in Chicago News of January 11, 1911, cabled from Paris, showing that this despicable practice is widespread:

"The scandals of commercialized medicine exposed by the Chicago Daily News," said Dr. Doyen, one of the world's most noted surgeons, "exist not only in America, but throughout the world, and are most disgraceful where civilization is supposed to be the highest."

"In an interview today, Dr. Doyen described to the correspondent of the Daily News his experience, and suggested what he believes to be the only remedy. Dr. Doyen was found in a Paris hospital, where he had just completed an operation. He was still wearing his white coat and apron and rubber gloves when the correspondent told him of the articles in the Daily News.

"That is the best work done by a newspaper in the last decade," he said heartily. 'Certainly the horrible situation described exists in France, Ger-

many and England. It is everywhere, and publicity given it by newspapers is the best remedy. I hope that publications throughout the world will take up the work begun by the Daily News. While undoubtedly there are many honest physicians, civilization today is plagued by hordes of men who are worse than the charlatans of the Middle Ages. The evils existing in the days of Moliere still flourish. Read the *Malade Imaginaire* and other plays of Moliere, and you will find everything, including the doctor who impresses the patient by spouting a string of almost meaningless Latin medical terms.'

"What are some of the instances of quackery that you have observed?"

"Fee splitting is the commonest. Operations by incompetent surgeons are being performed continually, and actual murder is committed in this way almost daily. Other physicians form a ring to exploit a patient, passing him from one to the other, saying, "Go to Dr. Jones for the eyes, to Dr. Brown for the ears, and to Dr. Smith for the stomach," etc. One of the commonest witticisms of doctors is: "A millionaire always has a little piece of cartilage in his nose which can be removed for a large sum of money." Only last week I overheard one surgeon ask another, "Why did you operate on So and So for cataract before it was ripe?" "If I had done otherwise, my patient would have gone to another doctor," was the reply.'

"The truth is that medical science has advanced with such rapidity recently that not a few physicians are lost. Intelligent laymen understand modern medical discoveries as well as many professional men, and often better. There is no excuse for a doctor's not explaining a patient's condition in simple language if he knows what the matter is and can explain so the patient can understand. When a doctor does not know he always spouts Latin.

"Physicians telephone to me daily, saying that they have patients requiring operations and asking what commission I will give. When I ask leave to examine the patients they decline to allow it before I have fixed my commission. Sometimes I have to kick such leeches to the door. I also know of several cases of alleged operations in laparotomy when the surgeon merely cut the skin and resewed it.

"Other charlatans, when they hear the name of a man who is about to undergo an operation, search for the name of the surgeon in the case, and sometimes they come three or four at a time demanding commissions, pretending that they were the family physicians of the patient.'

"Is it possible for an ordinary physician in Paris to live without such practices?"

"Assuredly, if he is honest.'

"Do you believe that a doctor should charge in proportion to the wealth of the patient?"

"Yes; because all physicians make no charge to the poor. Also, I believe that a family physician should have a commission when he is forced to

advise a patient to go to a specialist. However, instead of the specialist giving the commission secretly, the patient should pay each openly.'

"How do you determine the financial status of a patient?"

"The fee should always be discussed and decided before the treatment is begun. People should learn to buy a doctor's services just as they buy clothing.'

"Do you believe that such a business arrangement would tend to eliminate the evils mentioned?"

"The evils are due largely to the stupidity of the public, which does not take pains to discriminate between good and bad doctors. The daily press, through leading medical men, should educate the people to use the same common sense regarding the treatment of illness that they use in business.'"

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Following statement of B. F. Goldman, of his experience with operating doctors, as given in Boise (Idaho) Capitol News, of February 23, 1913, is interesting in this connection:

"Several years ago," said Mr. Goldman, "I came to Boise with a swelling in my throat, and, becoming anxious as to what it was, I visited a half dozen of the most prominent physicians and surgeons of the city. Without exception these experts all informed me that I was suffering from goiter and advised me that an immediate operation was necessary. Naturally I did not relish the idea of being cut any more than the average citizen, so I hesitated. I even visited a Chinese doctor, who, to his credit, was the only one among the number visited who advised me against an operation.

"Believing that I was suffering from such a serious ailment, and must be operated upon, I felt loath to intrust my life to the hands of any but the best surgeons I could find. Accordingly I visited Dr. Housner, of Salt Lake City; Dr. Hamilton, of Topeka, Kans., and others. Without exception the doctors whom I visited outside of Idaho informed me that an operation was not necessary, laughed at my fears, and told me to go home and forget it.

"With fear and trembling I took their advice, because the idea of being operated upon was repugnant to me. Today I have no trace of a goiter or any other swelling visible on my throat, and have not been treated in any way for the ailment.

"A number of weeks ago I was lifting a huge boulder in the mine and suffered a hernia. The local doctor told me that an operation would be necessary, and I hastened to Boise. Here I was told by several physicians and surgeons of high standing that I was suffering from an irreducible hernia and that an immediate operation, costing some hundreds of dollars, would be necessary. I was likewise advised to eat nothing, as eating food, I was told, would kill me. Again I visited a number of physicians and surgeons and finally heard of one who had prevented an operation upon a prominent citizen.

"As a last despairing hope I visited him. After an examination he told me that he would show me in five minutes that my hernia was 'reducible.' In a few moments this physician, with his bare hands, reduced the hernia, and today I am as sound as ever I was, and that without the use of the scalpel.

"If I had been operated upon I would more than likely be in my grave by this time, or at least would have been injured for life. The instances I have cited are merely my own experiences. I know of many more similar cases and of others in which it is very apparent that surgeons have either operated upon sound persons through ignorance or else for the monetary consideration.

"The only protection for an abused public is legislation which will make the surgeons and physicians legally as well as morally responsible for errors in diagnosis as well as in deliberate cases where the knife is resorted to in order to collect the big fees usually charged in such cases."

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Following comments of Dr. George R. Cruickshank, on work of his profession are interesting and encouraging. They are taken from Detroit Times, of November 23, 1910:

"Dr. George R. Cruickshank, of Windsor, member of the Ontario Medical Council for the counties of Essex, Kent and Lambton, and one of the leading members of the medical profession in the Dominion, is the author of the following statements. He made them to the Times in his office in Windsor, Wednesday morning, while commenting on the book, 'Medical Chaos and Crime,' recently written by Dr. Norman Barnesby, of Chicago. A review of Dr. Barnesby's book appeared last week in the Times, and caused no end of comment among the doctors of the city and vicinity. Dr. Barnesby, among other things, charges that ignorance, commercialism, and criminal indifference on the part of many doctors are responsible for much human suffering, and that many young physicians obtain experience at the cost of patients' lives.

"I have seen a number of reports on Dr. Barnesby's book," said Dr. Cruickshank, "and I have come to the conclusion that it is really my book. Dr. Barnesby has said just what I planned to say myself when I got the time to write it. But Dr. Barnesby has got ahead of me in regard to having his views placed in book form. For years I have been voicing the sentiments expressed in Dr. Barnesby's book. I have made known my views in papers before medical societies, and taken advantage of every other opportunity to let the medical profession and public know just how I feel about operations. Certain doctors in Detroit and elsewhere have been performing unnecessary operations for years. Abdominal operations have been performed on men and women for no just cause at all. For these operations the patients have paid fabulous sums. Then you may ask, 'Is there graft in medicine?'" I am afraid so, and the grafting is made easy by the high standing of the profession. But the worst offenders are not the young doctors; the leaders of the profession are guilty. Thousands of operations are

performed which were better left undone. Perhaps the grafters were enthusiasts, not thieves. If that be not the case, then the offending doctors are worse than the man who robs you with a dark lantern and a "billy."

"Young doctors operate better than the older ones, but they don't know when to do so. When a man is sick the great question should be, "What should be done?" The patient should be glad to give his automobile for the answer. He gives too little for advice and too much for the operations. When a man knows he should give \$100 for advice before he gives \$10 for an operation he will avoid some graft. Meanwhile the grand old profession is at heart self-sacrificing and noble.

"I have seen hundreds of operations which were not necessary, and I will venture to say that no Detroit physician will deny that thousands of operations performed in Detroit are unnecessary."

"Dr. Cruickshank deplors the surgical excesses to which the profession has gone in regard to appendicitis, for one thing. In addition to declaring that 75 per cent of the operations for the dis-ease are not necessary, the doctor proudly points to the fact that no patient of his is ever unnecessarily operated on for the ailment. He believes in medical treatment for the cure of the dis-ease.

"No patient suffering from appendicitis should be operated on until it is seen that an operation is absolutely necessary," said the doctor. "Most cases can be cured by proper diet and the administration of medicines and hot or cold applications to the affected portion of the body. Not one of my patients is among those operated on in Detroit, I am glad to say. The appendix is in the body for a purpose, and is not a useless appendage, as claimed by some operators."

"Speaking of the practice of removing tonsils, Dr. Cruickshank said:

"The fad just now is to remove the tonsils. They should not be removed at all. Tonsils are necessary in the throat, otherwise they would not be there. They stand in the throat like two sentinels, ready to take care of any germs which may gather there.

"Some doctors remove them because they enlarge, but I don't think that is any reasonable excuse. If they become enlarged, it must be for some purpose, probably so they can take care of more than an ordinary amount of germs in the throat. I would remove a tonsil only in case of its being diseased.

"But, happily, customs are changing. While operative excesses are the rule just now, ten years from now the operations of today will be looked on as barbarous. There will be but little unnecessary operating in the future."

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This operation craze got so far that legislatures, in self-defense, introduced bills making it an offense to remove an appendix which was later proved to be healthy, merely for fees concerned.

Public soon became aware of reason for so many operations and regarded them as a farce. Said one physician to another: "What did patient have?" "\$400." "No, I mean what did you remove?" "\$400." "What did you take away, from patient, I mean?" "\$400."

Of the public relations to these conditions in profession, Dr. Waite, in an article upon "The Surgical Situation" in Medical Record, shrewdly says:

"THE TIME HAS COME WHEN A REFORM MOVEMENT IS BOUND TO BE INAUGURATED. IF IT DOES NOT COME FROM WITHIN IT WILL COME FROM WITHOUT. IF WE DO NOT REFORM OURSELVES, WE WILL BE REFORMED, NOLENS VOLENS. THE LAITY ARE NOT ALL FOOLS AND THE SURGICAL SITUATION IS NO LONGER A PROFESSIONAL SECRET. PUTTING ASIDE ALL QUESTION OF ETHICS, OF OUR DUTY AS A PROFESSION TOWARD A CONFIDING LAITY, THE LAW OF SELF-PRESERVATION FORCES US TO TAKE UP THIS QUESTION IN EARNEST. THAT PORTION OF THE LAITY WHICH HAS NOT ALREADY GONE OVER TO CHRISTIAN SCIENCE, OSTEOPATHY AND PSYCO-THERAPY IS CASTING A CRITICAL EYE UPON THE MEDICAL PROFESSION, AND IF I MISTAKE NOT THE SIGNS OF THE TIMES WILL REQUIRE A SPEEDY ACCOUNTING. LET US, THEREFORE, BRAVELY FACE THE SITUATION; LET US PROBE THE UGLY WOUND TO ITS VERY DEPTHS; LET US FEARLESSLY APPLY THE CAUTERY WHILE IT YET REMAINS IN OUR OWN HANDS, AND WHILE WE CAN MAKE A THOROUGH ASEPTIC OPERATION."

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That financial consideration is paramount and is still underlying cause of much of this educational unrest to diminish numbers is apparent by following quotation taken from the February 26, 1916, edition of Journal of A. M. A. under head, "Annual Congress of Medical Education, Public Health and Medical Licensure" in branch "Federation of State Medical Boards of United States," when Dr. O. V. Huffman of Brooklyn (N. Y.) made following statement:

"It is suggested, also, that state boards provide examinations for all applicants who have not been educated in the prescribed way. Other suggestions are that state boards revoke a license whenever the holder has been proved morally or professionally unfit to practice—such revocation to be accepted by all state boards, AND THAT THE BOARDS PUT A STOP TO ALL INCENTIVE TO QUACKERY BY GETTING THE MEDICAL PROFESSION RE-

MUNERATED ON SUCH A BASIS THAT IT WOULD BE TO ITS DIRECT INTEREST TO KEEP ITS CLIENTELE IN SOUND HEALTH. (Tacitly admitting that at present it does NOT pay to get or keep the sick well. — Ed.) To do this, a scheme for a COMPULSORY sickness insurance was suggested. It was stated that the public could not be safeguarded against incompetent practitioners UNTIL THE PRACTICE OF MEDICINE WAS PUT ON A SOUNDER ECONOMIC BASIS. Any scheme for compulsory insurance which provides ADEQUATE COMPENSATION TO THE MEDICAL PROFESSION, and at the same time relieves wage earners of the great burden of doctors' bills, ought to be welcomed by all concerned. If each of the 30,000,000 wage earners paid \$2.11 a year, we should have a sum equal to the present aggregate income of the whole medical profession, and in addition the profession could still have the fees collected from patients, with incomes of \$1,200 or over. IN GENERAL, THE PUBLIC DOES NOT REALIZE HOW MISERABLY UNDERPAID THE MEDICAL PROFESSION IS."

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### BEARS BULL SOCIAL SHEEP — WITH REMORSE

TO HOLD PUBLIC RESPECT IT BECAME A SUBJECT FOR DEBATE, DISCUSSION AND READING OF PAPERS FOR PHYSICIANS TO SHOW HOW OPERATIONS BY WHOLESALE MUST CEASE AS JUST SHOWN. THEN CAME WAYS AND MEANS. IF THEY GOT BACK TO RELIABLE PRESCRIPTION METHOD OF MAKING A LIVING, THEY BECAME AWARE THAT THERE WERE TOO MANY DOCTORS FOR POPULATION; ONE TO 568. THEN CAME THAT MOST BRILLIANT IDEA: REDUCE NUMBER OF PHYSICIANS.

How to increase earning power of M.D. was burning question of hour, as it has been for twenty years back, and more particularly past ten years. Average physician's income is \$700. Did not Dr. W. L. Allen, himself a "regular" physician, of Davenport, Iowa, at hearing of Mann bill, before Committee on Interstate and Foreign Commerce of House of Representatives, p. 278, Part 3, say:

"The men in our profession all over the world are deplorably poor. Not 100 out of 5,000 in the richest city in the world, with a practice among the greatest number of multi-millionaires the world has ever dreamed of, could return and live without charity."



California is one of States where A. M. A. is attempting to put over Compulsory Health Insurance. While this article was being prepared Truth Teller received a communication from an honest M.D. of that state. With his letter the M.D. sends two communications which he had just received from Medical Society of State of California. You will note that "altruistic" part of this great scheme is not even mentioned between brother doctors. First exhibit is headed in very black-faced type, "Important to You." It follows:

"Dear Doctor:

"Will you PLEASE read this letter carefully?

"Will you PLEASE fill in the answers to the questions on the enclosed postcard and mail at your earliest convenience?

"Why should you do this?

"BECAUSE IT IS TO YOUR ADVANTAGE.

"It is also TO THE ADVANTAGE of every physician in California to know about how much of an income a physician ought to have and then it will be our pleasure and effort to see that any future legislation will be based on such an estimate.

"The American Medical Association is interested in this as applying to the whole country, and we are trying to find out first from the physicians of California as to how much co-operation they will give us in the effort to BENEFIT THEM.

"PLEASE fill out the blank and mail it at once.

"Health insurance MAY not come, but if it does, we want to be able to show the Legislature how much a doctor ought to get for his work.

"PHILIP MILLS JONES, M.D.,

"Secretary Medical Society State of California."

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Postal card accompanying this letter read as follows:

Medical Society, State of California.

Do not put your name on this card.

Inquiry into the economic status of the Medical Profession.

Gross income from medical practice in 1915.....

Year of graduation.....College .....

Year starting private practice.....Yrs. of practice in present town....

Check line of medical practice (X)

Surgery .....Gynecology .....

Eye and Ear.....Mental and Nervous.....

Nose and Throat.....Pediatrics .....

Genito Urinary .....Skin .....

Obstetrics .....

(Give exact amount or best estimate possible.)

What proportion from patients earning \$100.00 a month or less.....

Additional income, if any, from insurance work.....

Additional income, if any, from hospital or dispensary work.....

Do you keep account of your professional expenses? Yes.... No....

If so, what was the amount in 1915?.....

Check by item including in your expenses.

Office rent .....New equipment .....

Telephone .....Stationery .....

Assistants .....Automobile upkeep .....

Clerical help .....Automobile depreciation .....

Medical Literature .....Any other .....

Society Membership .....

Do you own your own home? Yes. No.

Is your office in your residence? Yes. No.

Do you own an automobile? Yes. No.

Other conveyances.....

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After asking all these questions they don't want to know who answered the card — they ask that name be left off. Card is to be returned to Medical Society, State of California, 930 Butler Building, San Francisco. Legislature will meet January 1st, 1917, in California.

To increase earning power of physician by operations, at expense of public contempt, was dangerous. Doing so by multiplying number of physicians who came into field of practice annually, was more dangerous. Only solution which would take care of future in anything like a positive manner, *was reduction of their own numbers and decreasing number of "irregulars" by legal control*; thus increasing earning power by \$1.00 prescriptions on a growing ratio of increased population when they reduced numbers who were feeding upon "dear public" politic. It is but another phase of "Public Sick Pork Barrel," means to end being same.

"AN INVISIBLE GOVERNMENT" ISSUES EDICTS  
TO MEDICO "MEMBER" COME-ALONGS

EDICT THEN WENT FORTH FROM "MEMBERS" OF "COUNCIL ON MEDICAL LEGISLATION" THAT THERE WAS TO BE SUCH "MODEL BILL" INTRODUCED IN ALL STATES ALIKE, WHICH WOULD, IN TIME, REDUCE NUMBER OF PHYSICIANS SO AS TO STEP UP RATIO OF ONE PHYSICIAN TO 2,000 OF POPULATION IN UNITED STATES.

This could not be accomplished by killing local practitioner now in state. He held a license and was secure so long as he didn't do anything to violate A. M. A. Code of Ethics or specific "Rules and Regulations" made by local State Board. Therefore he could only reduce, for immediate future, by killing off medical schools and thus reducing total output; to raise standard so high that it would still further reduce output of best of remaining medical colleges.

This could be accomplished only so far as "irregular" was concerned, when he reduced him as he already existed in state. "Why," said physician, "should we sacrifice ourselves to reduce to proper ratio and let a lot of interlopers feast at our expense?" And then reduce his influx by also killing sectarian schools, which multiplied him. If they got into way of this medical juggernaut, then he must be crushed, that national medical parade campaign could go on. How was this to go on? Take up great public cry that they are incompetent practitioners, illy fitted, by way of ignorance of fundamental subjects, to take care of sick. Cry that thru newspapers. And this cry has gone forth, and public today believes you and us incompetent. Law had gone forth; law must be obeyed. Not "Fellows" right to question; his but to do and die. One physician to 2,000 of population was and is the war-cry.

TEN YEARS AGO THERE WERE 186 MEDICAL COLLEGES TRAINING STUDENTS AND GRADUATING THEM. THIS NUMBER IS NOW REDUCED TO 96; THIS TO LIVE UP TO PROGRAM LAID DOWN BY "MEMBERS" AND FOLLOWED BY "FELLOWS." TEN YEARS AGO THERE WERE 26,142 MEDICAL STUDENTS IN ACTUAL ATTENDANCE IN MEDICAL COLLEGES. THIS HAS NOW BEEN REDUCED TO 14,242; THIS TO LIVE UP TO PROGRAM LAID DOWN BY

"MEMBERS" AND FOLLOWED BLINDLY BY "FELLOWS." TEN YEARS AGO THERE WERE 5,422 GRADUATES OF MEDICINE ANNUALLY WHO ENTERED FIELD OF PRACTICE; SO SUCCESSFUL HAS BEEN CAMPAIGN LAID DOWN BY "MEMBERS" AND FOLLOWED IGNORANTLY BY "FELLOWS" THAT THIS IS NOW REDUCED TO 2,139 ANNUALLY. IT WILL BE NOTICED THAT THIS REDUCTION IS ALMOST 50 PER CENT THRUOUT.

(Proof for these figures quoted above is taken from Report of Commissioner of Education for year ending June 30, 1914, published by Government Printing Office at Washington.)

In Journal of A. M. A. of March 27th, 1945, under "The Profit and Loss Account of Modern Medicine," we note following two comments:

"As a result of this movent in the last ten years the total number of medical schools in the United States has been reduced from 186 to 101, and the total number of medical students from 28,142 to 16,502.

"Medical education has ceased to be a business and become a philanthropic work, which must be supported by state appropriations and individual benefactions."

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To further increase reduction of these figures, it is only necessary to but repeat report of each increasing year for, year by year, quantity goes down more and more. Quotation which here follows was extracted from Chicago Tribune of February 8th, 1916, and was direct outcome of a meeting of COUNCIL on Medical Education of A. M. A., therefore speaks for itself:

#### "LESS MEDICAL SCHOOLS.

"Secretary N. P. Colwell, in his report of progress, stated that the number of medical schools in the United States has been reduced by 43 per cent, from 166 to 96 medical teaching institutions. The number of institutions enforcing reasonable standards for admission has increased from 4 to 85.

"Not only the number of medical colleges, but also the total number of students enrolled, underwent a marked reduction, from 28,142 in 1904 to 14,891 in 1915 — nearly 50 per cent, and the number of graduates dropped from 5,747 to 3,536 — nearly 40 per cent. A study of the statistics presented by the council shows that fifty or sixty of the better medical colleges in the country could easily have cared for all the students enrolled in the 102 which held ses-

sions during 1914 and 1915, and this without the expenditure of another dollar for teachers or equipment.

"The state licensing boards are exerting a rapidly increasing influence toward the betterment of medical education."

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As an example, to further prove same spirit is being shown to medical college by Carnegie Report, we shall quote a few sections:

(P. 46.) "The truth is that existing conditions are defended only by way of keeping unnecessary medical schools alive. The change to a higher standard would be fatal to many of them without it in the least threatening social needs."

(P. 127.) "The point now to aim at is the development of the requisite number of properly supported institutions and the speedy demise of all others."

(P. 143.) "The necessity of a reconstruction that will at once reduce the number and improve the output of medical schools may now be taken as demonstrated. A considerable sloughing off has already occurred."

(P. 151.) "To bring about the proposed reconstruction, some 120 schools have been apparently wiped off the map."

(P. 195.) "Legal enactment fixing a sound basis for future practitioners, of whatever school, the grant of authority to the state board to close schools flagrantly defective in either laboratory or clinical facilities, or the institution of practical examinations for license—any one of these measures would at once wipe out at least seven of the ten existing schools without distinct advantage to the public health of the state."

(P. 196.) "The cure of medical education is the excessive number of schools. The situation can improve only as weaker and superfluous schools are extinguished."

(P. 255.) "Of the four medical schools in the state, none is at this time satisfactory. The Osteopathic school at Des Moines is a disgrace to the state and should be summarily suppressed. In the absence of police power to terminate its career in this way, its graduates, undertaking as they do to treat all sorts of diseases, should be compelled to meet whatever standards are applied to other graduates."

(P. 288.) "Of the eight medical schools of Ohio, one has already won a permanent place and two more have possibilities. The present administration of the state law is tightening about the other five, and there is every reason to suppose that they will all shortly have to submit to the inevitable. Just why the law should be tenderly applied is not clear."

(P. 290.) "If, however, the state wishes a high-grade supply only, it must speedily define a standard such as will (1) suppress commercial schools — as, for example, that now nominally belonging to Epworth University — and (2) by the same action exclude inferior doctors trained elsewhere."

(P. 292.) "Neither of these schools has either resources or ideals; there is no justification for their existence."

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### "AN INVISIBLE GOVERNMENT" SEDUCES "IRREGULAR" ATTENDANCE

"*Choice of a Medical School*" is name of a booklet "Containing the Third Classification of the Medical Colleges in the United States and Other Information Regarding Medical Education." It is published by American Medical Association and is product of "Council on Medical Education."

Extracts which follow are taken from that book, all of which throw further light on their intention to so constrict Chiropractic profession at *its tap-root* — schools — that Chiropractic cannot live or prosper to be of service to sick.

"Choice of a Medical School. Before choosing a medical school the student should acquaint himself with the requirements of preliminary and medical education held by the various state licensing boards. (Not forgetting, of course, that 'Chiropractic' is 'limited medicine and surgery' in Ohio.)

"State licensing boards are now making more common use of their legal power to discriminate between medical colleges and to refuse recognition to those which are deemed not properly qualified to furnish a training in modern medicine. Diplomas from those not recognized do not constitute acceptable qualifications for the license to practice medicine in such states.

"On the other hand, he should know that even if some of the better schools charge higher fees, nevertheless they spend on each student, per year, several times the amount of money the student pays in tuition. Here, again, it would be poor economy to enter a low-standard college which depends on students' fees alone for its income. . . .

"Fewer Medical Colleges, Students and Graduates, statistics published recently show that in the last decade there has been a marked decrease (about 35 per cent) in the number of students and graduates. Of colleges, the decrease was from 165 to 101; of students, the decrease was from 28,142 to 16,502, and the number of graduates decreased from 5,747 to 3,594.

"That there is room for a still greater reduction of medical colleges, that there is no cause for alarm regarding a scarcity of physicians, and that the reductions referred to are distinctly in the interest of the public, are clearly evident to anyone acquainted with the facts.

"Reducing an Oversupply. Is it a wonder that there has been a marked decrease following the quiet but careful investigation of the Council on Medical Education?

"No Danger of a Scarcity of Physicians. The normal proportion of physicians to population in the leading nations of Europe is one to every 1,500 to 2,000 people; this country has one physician to every 600 to 650 people. The figures given for this country do not include the Osteopaths, Eddyites and other so-called drugless practitioners, which are scarcely found in other countries. The annual loss of physicians from deaths in this country is approximately 2,000, while the annual output of physicians from the medical colleges for several years exceeded five thousand. Even this year there were 3,594, or nearly twice as many physicians added to the profession as are lost from deaths. It is evident, therefore, that if the annual number of graduates merely replaced the number of physicians removed by death it would still require many years before the supply of physicians would be reduced to the normal quantity needed. Just as long as the colleges continue to turn out more than the number removed by death, just so much longer will it be before the normal proportion is reached. Again, it is apparent that the sixty better medical colleges, with their present equipment, and with little if any added expense, could easily take care of all the students at present enrolled in the 101. It is quite clear, therefore, that the number of colleges might be reduced by another fifty per cent and there would still be no danger of a doctor famine."

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Continuing further into same book, we find following:

"Definitions of a Medical College and a Medical School:

"An institution to be ranked as a medical college must have at least six professors giving their entire time to medical work, a graded course of four full years of college grade to medicine, and must require for admission not less than the usual four years of academic or high-school preparation, or its equivalent, in addition to the pre-academic or grammar-school studies.

"By a medical school, as differentiated from a medical college, is meant a part of a university for admission two years of collegiate work, or its equivalent, and offering instruction of not less than two years' duration, leading to the degree of Doctor of Medicine.

"Graduating of Medical Colleges:

"As in the previous classification, all medical colleges were rated by the Council on Medical Education on a civil service basis on a scale of 1,000 points. The data relating to each college were grouped under ten general heads in such manner that the groups would have as nearly equal weight as possible, each group allowing a possible 100 points. The ten heads under which the data were arranged are as follows:

"1. Showing of graduates before state boards and other evidence of the training required.

- "2. Enforcement of a satisfactory preliminary educational requirement, granting of advanced standing and the character of the records.
  - "3. Character of curriculum, grading of course, length of session, time allowed for matriculation and supervision.
  - "4. Medical school buildings; light, heat, ventilation, cleanliness.
  - "5. Laboratory facilities and instruction.
  - "6. Dispensary facilities and instruction.
  - "7. Hospital facilities and instruction, maternity work, autopsies, specialties.
  - "8. Faculty, number and qualifications of trained teachers, full-time instructors and assistants, especially of the laboratory branches, organization, and extent of research work.
  - "9. Extent to which the school is conducted for properly teaching the science of medicine rather than for the profit of the faculty, directly or indirectly.
  - "10. Possession and use made of libraries, museums, charts, stereopticons, etc.
- "Class A colleges are those which are acceptable; Class B those which, under their present organization, might be made acceptable by general improvement, and Class C those which require a complete reorganization to make them acceptable."
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That everything is being done to discourage all colleges less than Class A is everywhere present. Following extract is taken from April 8th, 1916, issue of Journal of A. M. A. and speaks for itself. It shows how, while not boycotting, they might as well state that is purpose of this method.

#### "FACTS FOR PROSPECTIVE MEDICAL STUDENTS.

"Included in the statistics published this week are two tables which give information of extreme importance to prospective medical students. BEFORE HE SELECTS A MEDICAL SCHOOL, THE STUDENT SHOULD KNOW WHETHER IT IS RECOGNIZED BY ALL STATE LICENSING BOARDS—WHETHER A DIPLOMA FROM THAT MEDICAL SCHOOL WILL ADMIT HIM TO THE EXAMINATION FOR THE LICENSE TO PRACTICE IN ANY STATE OF HIS CHOICE. He should note in Table D that only forty-two medical colleges furnish qualifications which are acceptable in all states, and that the diplomas of thirty-one medical colleges are not acceptable as a qualification for the license in from thirteen to thirty-three states. Before entering on the study of medicine, also the student should make sure that he has obtained enough PRELIMINARY education to make him eligible to receive the license in any state of his choice. It is important for him to examine Table L and note that twelve states now require that the applicant, before beginning the study of med-



icine, in addition to a four-year high school education, must have completed two years of collegiate work, and that to secure a license in nineteen other states, besides the high school course, he must have completed one year of collegiate work. Ignorance regarding these matters may result in a lifelong handicap. The time for the student to make up any deficiencies in preliminary education is, naturally, before he enters a medical school. CERTAINLY HE WILL NOT CARE TO ENTER AN UNRECOGNIZED MEDICAL COLLEGE WHEN IN THE SAME TIME, AND POSSIBLY FOR EVEN LESS MONEY, HE CAN OBTAIN HIS TRAINING IN ONE OF THE BEST EQUIPPED MEDICAL SCHOOLS. There is no dearth of high grade and well conducted medical colleges that are in position to furnish the student with a training that will enable him to perform the responsible duties which he will later assume."

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It can be seen by above that in endeavoring to reduce number of physicians to save themselves, they will naturally begin by aiming to control that which encroaches on their business that they despise and do not countenance professionally, first. This includes Chiropractors. Ohio is a sample of how this is done, legislatively.

Sometimes there is found a college of sufficient strength and courage to oppose Council and live. Such, for instance, is Albany Medical College of New York, whose president, in his annual address of 1907, gave utterance to following manifesto:

"From what has been said, it will be seen that I am by no means in sympathy with the efforts put forth by the Council on Medical Education of the American Medical Association to bring about a uniformity in the teaching of medical schools, for I believe such uniformity to be entirely distant from the methods employed by the Council in striving to determine the relative standing of medical schools, which I believe to be arbitrary, inconclusive, idealistic rather than practical, and often unnecessary, meddlesome and annoying to the schools, and to those who are carrying on the real work in the places in which they are set, while those gentlemen are investigating them. Such recommendations as that of Dr. Bevan's in his address as chairman of the Council at its conference last April: 'That state boards of each state should inspect its schools and refuse recognition to those which are not teaching scientific medicine,' I have elsewhere opposed, and shall continue to oppose. Until such time as our medical examining boards are created in a different manner and are differently constituted from those at present existing in most of our states, it would be, in my judgment, in the highest degree impolitic, inexpedient, unsafe and unjust to place any such responsibility in their keeping."

It is certainly plainly evident, by argument, quotation, and facts, to realize that A. M. A. is and has for ten years been deliberately and intentionally constructing a process of education whereby they are killing off production of physicians, motive being to step up necessary population by stepping down medical physician to cater to them. This was not done to raise standard of medical doctors nor to make them of more value to their patients; neither was it to make it possible to give less dangerous drugs, less or more hurried operations; make them save lives where now they die, make them relieve pain and prolong lives that now shuffle off hurriedly — for one of new educational requirements is that each medical student must learn at least one dead and one foreign dying language.

As an article, there appeared in Journal of American Medical Association for January 23, 1915, following: "The Problems of Graduate Medical Instruction," by Horace Arnold, M.D., Dean of Harvard University of Medicine:

"The subject of graduate medical instruction is attracting much attention at the present time and is becoming a very important problem in medical education. When, ten or more years ago, the medical profession began to give serious attention to the problems of medical education in this country, acting through its most representative body — the American Medical Association — efforts for improvement were naturally directed first to the medical schools themselves. You all know how much the Council on Medical Education has accomplished in the ten years since it was organized, in establishing high standards for medical schools, in forcing many of the poorest medical schools to close their doors, and in making better schools of those that remain. While much still remains to be accomplished in this direction, the problem of the proper training of medical students may be regarded as practically settled."

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### "AN INVISIBLE GOVERNMENT" SUFFERS FROM ACUTE ABORTION

Key-note sounded, warning echoed, it is but a question of time. Issues herein raised have long been a bone of contention with no solution. That pendulum is swinging too far, even at this date, is apparent.

Note author who now follows. His article appeared in Journal of A. M. A. of April 8th, 1916. Note carefully conclusions he presents:

"MEDICAL EDUCATION WITH REFERENCE TO RURAL COMMUNITIES.

• "GORDON WILSON, M.D.

"PROFESSOR OF THE PRINCIPLES OF MEDICINE, UNIVERSITY OF MARYLAND, SCHOOL OF MEDICINE AND COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

"Medical education and premedical education have for some time been matters of interest and study to physicians and educators, AND LATELY HAVE BEEN BROUGHT TO THE ATTENTION OF OUR LEGISLATURES THROUGH THE APPEALS OF MEDICAL COLLEGES FOR FUNDS NECESSARY NOW TO CONDUCT MODERN SCHOOLS, THE TIME BEING LONG PAST WHEN THE FEES OF THE STUDENTS WERE SUFFICIENT TO PAY THE NECESSARY EXPENSES. To many of us, it appears that the time is rapidly drawing nigh when these questions will become of vital interest to the rural citizen through the failure of the schools to supply the necessary number of doctors to satisfy the wants of rural communities.

"I, myself, though under 40 years of age, have seen during my adult life practically the whole history of the advancement of medical standards in this country. Twenty years ago, when I was a student at the University of Virginia (which is a Class A school), there were no entrance examinations, NOR WERE PRELIMINARY EDUCATIONAL REQUIREMENTS DEMANDED OF THOSE WHO DESIRED TO ENTER ON THE STUDY OF MEDICINE, and after two years' residence in the medical school, and the doing of satisfactory work, a man was given the degree of M.D.

"No sane physician denies that there was the greatest need of regulating the right to practice medicine and to raise the standards of educational qualifications OF THOSE WHO DESIRED THIS RIGHT. The only criticism that has been heard to come from those who had a right to express their opinion IS THAT PERHAPS THERE HAS BEEN TOO GREAT RAPIDITY IN RAISING THE STANDARD, AND THE TIME HAS COME WHEN THE RAISING OF THE STANDARD SHALL BE DONE LESS ABRUPTLY AND WITH MORE THOUGHT FOR ALL WHO MAY BE CONCERNED.

"There is no question that today the American people are receiving vastly better medical attention than they did ten years ago, but already the cry for a doctor is coming from rural communities, and they are asking for a good doctor if possible, but in any case 'A doctor.'

"The report of the Carnegie Foundation on medical education in the United States and Canada is certainly praiseworthy, and did an immense amount of good in weeding out 'diploma mills' and purely commercial medical schools. Unfortunately, in such an exhaustive study of medical conditions, there appeared too frequently the spirit of the advocate rather than that of the judge, and this is noteworthy in comparing the conditions underlying the practice of medicine in this country and in Europe. In such a comparison there are certain important factors which have been entirely overlooked. WHILE THE RATIO OF PHYSICIANS TO POPULATION HAS BEEN CONSIDERED, little or nothing was said as to the relative

morbidity in Europe and in the United States, and that there is a great difference is at once noted by the statistician when the mortality rate of Germany, France, Austria and England are compared with those of the registration area of the United States.

"My personal opinion with reference to medical education has been that there is need in this country of two classes of medical schools, the one modeled after the Johns Hopkins, in which the requirements can hardly be set too high; the other, and larger class, for the training of the practitioners of medicine. The first type of school should have an absolutely self-limited number of students, and they should be thoroughly trained, not only in clinical and laboratory medicine, but also in the methods of research. Naturally, the men who graduated from such a school would become teachers, research workers and specialists, and practitioners and consultants in the larger towns and cities. I have always felt that after a man has spent four years at college, and four years additional at a good medical school, he would be unwilling to settle at the 'cross roads,' but would rather starve in a larger community, where his mental appetite, if not his physical, would at least be satisfied. TO REQUIRE THE FOREGOING OF ALL MEN WHO DESIRE TO PRACTICE MEDICINE WOULD UNDOUBTEDLY RAISE THE STANDARD OF THE PROFESSION, BUT I FEAR THAT IN THE 'LONG RUN' IT WOULD PROVE NO MORE SATISFACTORY THAN TO REQUIRE THAT ALL LOCOMOTIVE ENGINEERS SHOULD BE GRADUATES IN MECHANICAL ENGINEERING FROM AN APPROVED COLLEGE.

"The second type of school, in my opinion, should demand for admission that the applicant be really grounded in the essentials of a good education, namely, the requirements demanded for admission to most colleges in English and its branches, history, mathematics, and, in addition, the fundamental scientific branches underlying medicine, such as chemistry, physics and biology. I MYSELF CANNOT EVEN SEE THE ABSOLUTE NEED OF AN ANCIENT OR A MODERN LANGUAGE, AS EVEN WE WHO HAVE 'QUALIFIED' ONCE ON A TIME IN A MODERN LANGUAGE HAVE SO FORGOTTEN IT THAT WE RARELY MAKE USE OF IT AS A HELP IN OUR PROFESSIONAL WORK. Every doctor who looks at this question from an absolutely COMMON SENSE standpoint realizes that the knowledge of a modern language is a help, but never an essential.

"It may be noted that in the Carnegie report, in 1909 there were seven medical schools in Baltimore; one Class A plus school, the Johns Hopkins Medical School; three Class A schools, the University of Maryland School of Medicine, the College of Physicians and Surgeons and the Baltimore Medical College. The other three schools were not in Class A, and ceased to exist some years ago. TODAY THERE ARE ONLY TWO medical schools in Baltimore; the Johns Hopkins Medical School and the other three Class A schools merged into one under the name of the 'University of Maryland School of Medicine and College of Physicians and Surgeons.' THE DECREASE IN MEDICAL GRADUATES in this state is well shown by the fact that the merged schools mentioned above graduated 249 in 1905, while

IN 1915 THEY GRADUATED 128. A more accurate prophecy can be made by comparing the freshmen classes of these combined schools, there having been 263 FRESHMEN IN 1905 and only FORTY-FOUR IN 1915.

"A GROWING COUNTRY CANNOT BE SUPPLIED BY A DIMINISHING OUTPUT OF MEDICAL PRACTITIONERS. WE ARE FACING A REAL AND DANGEROUS SHORTAGE. THIS WILL BECOME MANIFEST WHEN THE PRESENT SMALL CLASSES ARE GRADUATED, AND THE NEED WILL BE EMPHASIZED BY THE LARGE NUMBER OF PHYSICIANS REQUIRED FOR AN ENLARGED ARMY AND NAVY, and the putting into force of the whole-time county health officer advocated today by many authorities on public health."

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Simultaneously, while they have been killing off their own producers, "irregular" has been taking advantage of their circumstances; he has been thriving on their reduction to increase his production. His following has increased by leaps and bounds, as is evidenced from facts which we have also set before you for consideration in this recital.

TO SAVE HIMSELF, MEDICAL PHYSICIAN MUST GRAPPLE NOT ONLY MEDICAL DILEMMA, BUT ALSO SECTARIAN DILEMMA; HE IS COMPELLED TO CONTINUE HIS WELL-LAID "MEMBER" PROGRAM AND INTRODUCE ANOTHER, VIZ.: CONTROL "IRREGULAR" BY LEGAL TACTICS AS WELL.

This program has been years in evolving process; it has been years in actual making. Suddenly, as tho a storm from a sunny sky, comes our awakening that the Trust has been undermining us, submarining our serenity of mind. While "*Fellow*" physician sat at our front door-step innocently enough making a friend out of us, "*Member*" physician was digging in our alley maliciously enough making a trench to blow us to hell.

Many Chiropractors have seen local physician, speak time of day to him, chat occasionally; and while they are not overly friendly, yet they never openly show hostility or unpleasantness towards each other. This allays any feeling of animosity, and, when some well-posted Chiropractor tells him that this "*Fellow*" is a part of a machine which is professionally and legally grinding out his life, he can't and won't believe a word of it. But he who has been on the firing line for years knows that the "*Member*"

who lives in Capitol, and one to each legislative district are the men to watch; they are dangerous cusses.

That American Medical Association is in politics is certain. So great has become this political drag to professional stand that some of most prominent journals in their ranks decry it as is evidenced by following editorial taken from March, 1910, issue of *The Medical Brief* (St. Louis, Mo.):

"THE DOCTOR IN POLITICS.

"WE take no stock in the advice that is nowadays being urged upon the doctor — chiefly from the headquarters of medical bureaucracy — to 'get into politics.' And judging from the response that is being made to the call, and the attitude that has always been manifested by medical men toward the subject, we believe that the great rank and file of the profession are in agreement with us. There may, of course, be here and there in the range of time and space a medical man who, by virtue of his individual capacity or by dint of a combination of circumstances, is justified in abandoning (for that is really what he has to do) the scientific for the forensic career — justified either by the success that he makes of it or by the worthiness of the cause for which he makes the sacrifice. But as a rule, the physician, and especially the general practitioner in the smaller towns, had better stay out of politics.

"To begin with, the doctor is in the nature of things not fitted for the field of politics. His temperament, his training, his viewpoint of things, if they be such as to make him an able and successful physician, all disqualify him for the political poor politician. Furthermore, politics is always more or less of an embroglio, in which reputations are in danger of being (however undeservingly) besmirched, enemies are made, and ill-feelings engendered, which, to say the least, are not particularly helpful to the doctor in the pursuit of his practice. In the course of his campaign, if not in the mere political side that he takes, he is almost certain to offend some of his patients, or possible patients; and even if he does not positively alienate anyone's sentiment, he cannot avoid that weakening of confidence in him as a physician which is the portion of any man who does not stick to his last. From considerations of both his personal interests, therefore, and of his best usefulness to the community, it is exceedingly upwise for the doctor to meddle with politics, unless, as previously stated, his own constitution or force of circumstances impose upon him a call to the political arena which he finds practically irresistible. Certainly, any doctor who mixes actively into politics must make up his mind to sacrifice by his course all the success and prestige which he has built up for himself in his medical practice, for that will be the inevitable upshot of his political activities.

"We have already intimated that history, ancient and modern, corroborates us in both of our contentions, namely, that the medical temperament and training do not conduce to effectiveness as a politician, or even as a legislator, which is not always the same thing, and that the medical profession,

apparently realizing this, has never contributed many men or much achievement directly to the political sphere. It seems that in England, from the time of Elizabeth to the present day, the number of physicians that have sat in Parliament has not exceeded about sixty, and none of them has ever achieved any particular eminence in public affairs. In France, which is usually referred to as a country to be emulated by those who advocate the doctor getting into politics, the medical man has not made a much better showing, and the few physicians who have risen to eminence and done something notable in politics have been men who were really statesmen and not physicians to begin with, and were only accidentally physicians. All of which goes to show that, in addition to the disadvantage to his personal interests, the political career does not offer the channel of highest usefulness to the public.

"But there is yet another consideration against the entrance of the doctor into politics, and that is the fact that the medical man cannot separate himself from his profession, and for the medical man to go into politics means that medicine takes on a political aspect and becomes a political issue—a disastrous thing both for the public and for medicine. It is easy to understand, of course, that this is the very purpose which the self-constituted dictators of organized medicine have in view in urging political activity upon the profession, to further their own schemes of power and ambition. But for the best interests of the medical practitioner, of medicine at large, and of the public, it is advisable for medicine not to meddle with politics.

"There is, indeed, a way in which the medical man may legitimately align himself with the state aspects of medical science, with great advantage to the public and honor to himself. This note was struck by Dr. Henry B. Favill of Chicago, in a recent address before the Chicago Medical Society.

"It seems to me," he said, "that the medical profession is going into officialism, or semi-officialism. The only way in which it can save itself from state dominance is by seeing its obligations in the matter of public health.

"We must make ourselves so necessary that the state will choose to operate through us in all questions relating to the preservation of the public health. We should co-operate with the state forces and demonstrate our interest, our capacity, and our usefulness. We should do this as a moral issue to the public, and as a business issue to ourselves."

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These are sane and sensible words, and contain right view of medical man's relations toward public affairs, and of role he ought to play in public administration. We cordially commend them to consideration of our readers as an antidote to ill-advised suggestions of "getting into politics."

This situation is very similar to Germany and her spy system. England was warned time and again that German spy system

had ant-hilled her cities; had undermined every shred of its social fabric; had tunnelled its every commercial enterprise and was gathering information every minute of day in preparation for sudden outbursts of wrath which she might show. But because everything was so hidden, done so quietly, nothing showing on surface, England was continuously lulled to sleep, resting quietly in beautiful idealistic thot that no neighbor could do so much under her watchful eye. Pride in its own powers was England's undoing. Secure in its laxity was success of enemy. It is always thus. Internal and external vigilance are price of any success.

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### "AN INVISIBLE GOVERNMENT" SIGNED CONFESSION OF ABORTION OF "IRREGULARS"

Piece by piece comes evidence which, when quilted, connects American Medical Association with work of "the people's representatives." Assumption is that a state officer works unselfishly in behalf of interests of people; but, when it can be shown that this connection is attained for purpose of furthering selfish interests of an Association higher up — then it ceases to be a state function he performs.

Let us get following facts as apropos of above opening statement:

"THE UNIVERSITY OF THE STATE OF NEW YORK.

"The State Department of Education.

"Augustus S. Downing, Ass't Commissioner for Higher Education.

"Albany, N. Y., Jan. 5, '16.

"Mr. Harrison H. Lynn, Albion, N. Y.

"Dear Sir: — Your letter of the 3rd is at hand, and I beg to say that your information is not quite accurate. The Philadelphia School of Osteopathy was rescinded in 1915, but the Chicago College of Osteopathy is registered with this department.

"This department has granted 97 optometry licenses ON EXAMINATION; and 2,122 optometry licenses UNDER THE WAIVER CLAUSE in the law. Yours very truly, (Signed) Augustus S. Downing."

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This is 97 optometry licenses "on examination," or at rate of six per year since their compromise statute went into effect. 2122



were granted, under exemption clause to get their support so they could squeeze, in twelve years, down to six a year. This is bone they offer us as well.

Wanting to get more exacting information, another inquiry was directed to above department with following result:

"Albany, N. Y., Jan. 7th, 1916.

"Mr. Harrison H. Lynn, Albion, N. Y.

"Dear Sir: In reply to your letter of the 6th. I beg to say that the registration of the medical schools, inclusive of osteopathic schools IS DONE BY THE BOARD OF REGENTS ONLY in this state.

"THEY ACT UNDER THE MEDICAL LAW, AND UNDER REGENTS RULES WHICH HAVE ALL THE FORCE OF STATUTE IN THIS STATE. Yours very truly, (Signed) Augustus S. Downing."

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Mr. Downing is Association Commissioner for Higher Education. Regents "act under Regents rules." Who make these "rules?" They themselves. They are accountable to no one.

Regents' power over all professions so far in New York state is complete, as witnessed by following:

"Dec. 11th, 1915.

"Lyndon E. Lee, N. Y. C.

"Dear Sir: In reply to your several requests under date of the 7th, I beg to say THAT ACCORDING TO OUR STATUTE, THE BOARD OF REGENTS IS FINAL AUTHORITY IN ALL THE MATTERS you mention.

"The Board of Regents acts in its discretion regarding the registration of medical schools, but when a school has furnished satisfactory evidence that it meets all our requirements for registration, and makes formal application for such registration, the Board of Regents is glad to register the institution. Yours very truly, Augustus S. Downing, Assistant Commissioner of Higher Education."

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As one of strong links, Albert Vander Veer, one of MEMBERS of New York Board of Regents and but recently elected to Vice-Chancellor of this Board of Regents, is an M.D.

Conclusively linking this Board of Regents and A. M. A. is this evidence:

"Feb. 4th, 1916.

"28 Eagle Street, Albany, N. Y.

"Mr. H. H. Lynn, Albion, N. Y.

"Dear Sir: — Dr. Vander Veer is South at present and in reply to your inquiry would say HE IS 1st VICE-PRESIDENT OF THE A. M. A."

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Where can a Chiropractor expect any mercy under these circumstances?

We don't think it will be necessary for us to elaborate on argument based on following facts:

As the matter stands now, New York has a bill to propose which would place US in hands of Board of Regents. Medical men are already under their control.

Now comes February, 1916, issue of "New York State Journal of Medicine," published by "Medical Society of the State of New York." On p. 100, under title "Medical Society of the State of New York. Meeting of the Council," this will be found:

"The Committee appointed by the Council at the meeting held December 10th, unanimously recommends that the Committee on Legislation of the Medical Society of the State of New York OPPOSE ANY BILL OR BILLS GIVING THE POWER TO THE BOARD OF REGENTS TO REGULATE OR CONTROL IN ANY WAY THE ETHICS OF THE MEDICAL PROFESSION.

"Moved and seconded that a committee be appointed to consider the advisability of the establishment of a permanent body within the State Society, TO ACT AS AN INTERMEDIARY BETWEEN IT AND THE BOARD OF REGENTS; that the committee should be appointed by the Chair and consist of five members, including the Chairman."

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If Board of Regents have meddled so far that Medics are objecting, what, for God's sake WHAT would same Board of Regents DO WITH US when we give them full power to even cut off our heads if they want to? Why say more; fact is obvious.

Many Chiropractors regard A. M. A. as a wonderfully successful business aggregation of professionally inclined scientists; would deny its being a "trust," believing that is some radical fellow's revolutionary talk, done to stir up enmity, disgust, hatred, and to carry on a fight from which he gets reward and

profits thereby. They think such people who talk these things are a fire-brand and really a danger to society at large, as they incite rebellion in minds of people.

There is truth in Mark Twain's remark that "doctors have made the accumulation of ignorance the business of their lives."

Public at large seem to think that irregulars, sectarians, dogmatists, theorists, etc., use this argument as a talking point, but if it was boiled down to its essence, it would be impossible to gather sufficient evidence at any one time or place which could, in verity, be strong enough to convince an average jury that American Medical Association was anything but what we have stated above. We hope, before we get thru, to produce sufficient evidence which will convince any reader that what we have contended is true. Only contention that might be raised is that we haven't produced enough evidence. Let us assure reader that at no point have we aimed to produce quantity, but just sufficient of their own authoritative writers, reports, etc., to show that while statement may be ours, evidence upon which it was based was not only reliable but in keeping with our fact as presented. There is no end to testimony that might be introduced to more than many times substantiate each point made.

Therefore we repeat it again. American Medical Association has been working in a systematic, concise and precise manner for ten years, according to a well laid program of doing just what we have outlined above that they are compelled to do, to save *their* profession from going down in disgrace these ten years past. They are barely saving themselves now, altho at expense of professional honesty by political chicanery, which can never take place of professional truth or honor. Any other system arising upon scene that does possess those qualities, even tho they know nothing of politics, will win and eventually be surmounting other.

Sooner every legislator realizes that A. M. A. is a destructive, restrictive and oppressive enemy of his, irrespective of who he is, better for public and longer its life. Sooner you awaken from lethargy in which you now slumber, to realize that every physician, even tho he be a "*Fellow*," is your enemy, just as much as tho he be a "*Member*," better off you'll be, for he makes bullet which enters gun which "*Member*" shoots. It was "*Fellow's*"

money which made "Member's" gun; it is "Fellow's" money which makes bullets which are fired at you and us. "Fellow" might not know it, and because of this ignorance he might pretend to be a friend, yet in reality every "Fellow" is your enemy.

Former attitude of medical bodies was protection for themselves. Present attitude is protection to themselves by others.

Present attitude of Chiropractors is protection for themselves. *We hope that any and all legislation Chiropractors may secure for themselves, as a means of protection to themselves, may be so fixed that while it gives them what they need, it will not give them a whip hand over others, as medical profession has now over osteopaths and Chiropractors; as osteopaths now have over Chiropractors in many states.*

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### "AN INVISIBLE GOVERNMENT'S" SECRET SCANDALS PUBLICLY PLACARDED

Let us, by way of side-tracking, view some tactics and methods of "Members" by, thru and with the aid of "Fellow," sum total of which we call Medical Trust.

1st. This American Medical Association has adopted tactics of labor unions. They have worked in restraint of trade. They have closed doors to those who were not "Fellows" and opened them to those who were. No matter how good a physician, how capable a surgeon, if he didn't belong to union, he was ostracised and prosecuted without mercy. A notable instance was Lorenz, noted surgeon who received \$50,000 to come to this country to treat Lolita Armour. He refused to make public his method and he refused to bow to their Trust and get a license before practicing, therefore he was arrested and fined, and returned to his home in Austria in disgust. No one could blame him.

Said Dr. C. A. L. Reed, Chairman of Legislative Committee of A. M. A. and late candidate for United States Senate, in a speech at Chicago, during recent meeting of Association:

"When a committee of the American Medical Association went to the Fifty-eighth Congress, their legislative committee said, 'Can't you boil down what you have to say into twenty minutes?' Dr. Reed said, 'There were in that Congress one doctor in the Senate and none in the House.'

"In the Fifty-ninth Congress there were three doctors in the House and one in the Senate, and doctors all over the country had been using their influence, so the committee said, 'Just tell us what you want, gentlemen; take as much time as you like.'

"In the Sixtieth Congress there were five doctors, all told, and because of the same influence we simply went to the Willard Hotel AND SENT FOR CONGRESSMEN TO COME TO US, AND THEY CAME. . . . In the next Congress I have every reason to believe there will be twenty-five physicians."

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As further proof, following quotation is taken from Journal of A. M. A. of March 4th, 1916, under subhead of "Medical News" titled "Pennsylvania":

"Industrial Plants Defy Law Compelling Medical Attendance. — It has been called to the attention of the Bureau of Medical Education and Licensure of the State of Pennsylvania that certain industrial and commercial plants have violated the Medical Practice Act of January 1, 1912, BY THE EMPLOYMENT OF UNLICENSED PERSONS to give medical and surgical attention to their injured employees, and to render services such as may legally be performed ONLY BY ONE LICENSED TO PRACTICE MEDICINE IN THIS STATE. This bureau, therefore, desires to place emphasis on the following facts:

"The head of the medical department OF ANY INDUSTRIAL OR COMMERCIAL PLANT MUST BE A LICENSED PHYSICIAN of this state.

"IT IS NOT PERMISSIBLE for either an unlicensed assistant or a nurse to in any way alter the treatment until the order to do so has been given by the licensed head of the department.

"It is legal in Pennsylvania for any one, licensed or unlicensed, to apply first aid to any injured person, but it follows as a prerequisite that THE LICENSED HEAD of the department MUST see the patient at this next visit AND DIRECT THE FUTURE TREATMENT.

"It is NOT permissible FOR AN UNLICENSED ASSISTANT or a nurse to perform any type of surgical operation.

"The attention of industrial and commercial plants is called to the fact THAT VIOLATION OF THIS ACT IS SUBJECT TO SEVERE PENALTIES."

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Like every powerful corporation, American Medical Association has a legislative fund. Probably like every other corpora-

tion, it has really two legislative funds, one open to public scrutiny and other known only to powers that be. Journal of American Medical Association of May 23, 1908, tells of annual expenses for "medical legislation" (whatever that may mean) of \$2,573.22. It can hardly be, however, that this represents all the money spent in furthering its legislative and political schemes, for Committee on Legislation, of which Dr. C. A. L. Reed was chairman, in its report to convention, in 1905, stated:

"It has secured a list of local political leaders of every organized and recognized political party in the United States. The list already embraces the names of several political managers in each of 900 counties, the entire list aggregating in excess of 11,000 names. Through this list the central committee is in position to bring questions of pending legislation to the serious and thoughtful consideration of the men who, in their respective localities, exercise a preponderating influence in determining political action. . . . The political list is arranged so that the dominant politics of each county and of each congressional district is indicated, as well as the political affiliations of each member whose name appears on the list. It thus happens that we are able to move with a certain degree of accuracy in invoking political influence in behalf of such measures as are taken up by your committee. This list will be kept alive by asking for revision from time to time especially after each general election, and will, we are sure, prove to be an effective medium of action in the agitations which are pending in the immediate future.

"In June, 1907, it was announced by Dr. Reed that the Association had an emissary in each of the 2830 counties of the country, and that the list of political leaders had been increased to 16,000, to whom circulars are sent, the purpose being, according to Dr. Reed, 'to educate them on proposed or pending legislation in which the medical profession is interested.' All of which shows that the American Medical Association leaders have not been idle, and that they are not novices in politics."

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2d. This same American Medical Association has issued black lists against those patients whom they have robbed of their all, who have mortgaged their homes, and who, with poor crops, reverses, etc., couldn't pay their high doctor bills and surgical as well as hospital accounts. They have issued and caused to be printed boycott lists of those whose bills hadn't been paid, and no matter how urgent the service, how desperate the health, how necessary the attention, they had to dig up past accounts and

then pay cash for present service before they could get immediate wants attended to. This has been true during pregnancies.

3d. It is not unusual to believe that this body politic of parasites who make their living by incompetency and inconsistency, experimenting with people, have had many a case of malpractice. It is bound to come in natural course of medical mistakes in diagnosis, etc. What would happen did case know a healthy appendix was removed and still compelled to pay \$500 for mistaken diagnosis, coupled with ruination of a part of his anatomy, and what not, only God knows, for future? Case would start a suit for malpractice. This same American Medical Association, has thus defended itself by forming a defense fund organization which hires lawyers, expert witnesses, etc., to travel here and there to take care of just such issues.

4th. They have gone so far as to attempt to muzzle public press to keep it from speaking truth about mistakes, misjudgments, suits based on faulty operations, etc. Not only have they attempted to muzzle press by this route, but they have come forth brazenly by trying to control its statements regarding medical matters, which we have heretofore shown you. We recall a local newspaper which was bottled and sealed against any of our advertisements or other news items for two years. Not for love or money could we buy one inch for even double rates. What did it? A branch of medical trust threatened they would remove their professional cards for ever more if they advertised our institution. One ad of ours once brought to that paper more cash than all their cards for a year; yet, so strong was their political power that they could offset cash consideration. Backbone of that view is now broken. Our matter is good in any paper for all money we want to spend.

5th. Not being content with all power above gives, now comes attempt to get government to "frank" everything they print at public expense, thru U. S. mails. *The National Druggist* states matter in following language:

"Representative Clark, of Florida, has introduced a bill in the lower House of Congress (1916), which provides for the absolutely free transmission through the mails of all printed matter which may be issued by or under the authority of any state or territorial board of health.

"This is a hard proposition to fight. It puts one who assails it on the defensive and forces him to do a lot of explaining at the very beginning. Everybody, from selfish motives if no others, is in favor of anything and everything that is really conducive to good health without regard to the expense it may occasion. And the natural inference, at least with the great body of the general public who know nothing of the schemes and activities of the organized medical profession and who falsely imagine the health boards are representatives of the people, is that these bodies are all the time occupied with problems of how best to conserve the public health, and that they are laboriously and unselfishly trying to effect that most desirable end. They think, therefore, that the publications of the health boards are filled with reliable and unprejudiced information, the honest purpose of which is to educate the profession and the public how to banish disease and attain to perfect health. We repeat, therefore, that to fight a measure having this as its professed benevolent purpose is embarrassing to him who would attempt it. He will be accused, at once, of having some sordid interest at heart—of desiring to profit from the misfortunes of the sick and suffering, of wishing to traffic in human life. And with such a suspicion cast upon him, one will get scant attention to anything he may say in opposition to a measure of the kind. The proponents of this and of the many similar measures of the organized medical profession realize at what a disadvantage their opponents are placed, and they exult in the embarrassment they have produced and make the most of it.

"But all that glitters is not gold. And every bill that is labeled as a 'Health Measure' is not true to its title. FALSE AND MISLEADING STATEMENTS are made as to legislative remedies as well as regards patent medicines. And, however honest may be the intentions of the congressman who introduced the particular bill under consideration, it is a fake and a fraud. If it is passed and all health boards take advantage of its benefits, as, of course, they will, IT WILL NOT HAVE THE SLIGHTEST EFFECT IN REDUCING SICKNESS OR PRESERVING HUMAN LIFE. It will serve no useful public purpose whatever. All it will accomplish will be to further the propaganda of the American Medical Association at the expense of the people; TO ENABLE THE POLITICAL DOCTORS WHO CONTROL THAT ASSOCIATION, AND THEIR AGENTS AND EMISSARIES ON THE HEALTH BOARDS, FURTHER TO DECEIVE THE PEOPLE INTO PLACING INTO THEIR HANDS EVEN GREATER POWER THAN THAT THEY NOW POSSESS.

"Already, health board publications are printed at public expense. Already, they enjoy the second-class mail privilege, by which they are sent through the mails at the cost of only one cent a pound. All of these publications are for purposes of propaganda pure and simple. And they propagate, not the doctrines of good health, BUT THE DOGMAS OF ONE MEDICAL SECT, AND THAT ONLY—the sect that arrogates to itself the name of the 'Regular' profession, a term which means in medicine what 'orthodox' signifies in religion.

"Now, if the homeopaths, eclectics, or any one or more of the several other medical sects or cults desire to reach the public or their own members



with reasons and arguments and facts in support of their peculiar tenets, they not only have to pay for composition, but our Government charges them a minimum price of one cent on each piece of printed matter they mail. On this basis, if they should desire to send bulletins of the size, for example, of those issued by the New York Board of Health (of which it takes thirty-five to make a pound), our great and good Government would charge them just thirty-five times as much as it charges the agents of the 'Regulars' on the health boards for precisely the same service. It can be seen, therefore, what an outrageous proposition this is — how unfair it is to all but the single, predominant medical sect. And the pity of it is that the bill is so glozed over with benevolent pretensions, and those who would oppose it are placed at such a disadvantage, that unless it happens to be pigeonholed by the committee in charge of it, it may be enacted and become a law.

**"TO OUR MIND, THE GOVERNMENT HAS NO GREATER LEGAL OR MORAL RIGHT TO PARTICIPATE IN THE PROPAGATION OF MEDICAL THAN IN RELIGIOUS DOGMAS. It should allow absolute and untrammelled freedom of opinion and practice to all, and should intervene in such matters ONLY AND WHEN ONE SECT IS SEEKING BY OTHER MEANS THAN PERSUASION AND ARGUMENT TO GAIN ADHERENTS AND INDUCE CONFORMITY.**

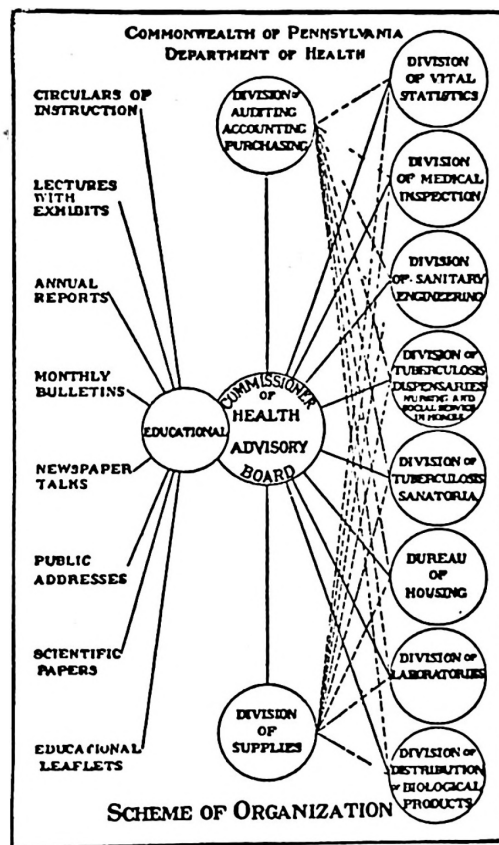
"And if it were guided by that principle, its interference, at the present time, would be in the direction of restraining the activities of the so-called 'Regular' or orthodox school of medicine, and not in helping them to attain still greater power, with all the opportunities that such power affords, and which will most certainly be taken advantage of for the suppression of opposing or differing doctrines, and for persecution generally."

(Editor's Note: The bill above referred to by *The National Druggist* is H. R. 742. It was introduced by Representative Clark, December 6th, and referred to the Committee on Post Office and Post Roads. The bill provides for the free transmission of printed letters, circulars, documents, pamphlets and other literature issued by or under the authority of any board of health of any state or territory in the United States.)

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6th. To read their many publications, magazines, pamphlets, histories, reports, newspaper dope, etc., you would be led to believe they were better than God, and attempting to do His work. Alleged altruism of medical trust can only be vividly contrasted by evidence of past ten years in their eternal and everlasting harping, hounding, prosecuting and persecuting of Chiropractor in courts and thru legislation. Their under-cover deeds and clever words speak louder than their open and public statements. Ostensibly, physician is assumed to be one interested in public health. This he says in his public utterances. Public is inclined

to half-way believe him. Obviously, physician cares little whether sick get well, die by being poisoned or by best surgical operation — operation which was always a success, but patient couldn't rally. This he does in his legal mannerisms thru grand and petit juries and making of legislatures. Chiropractor saves lives. Does "Fellow" look up facts to convince himself that what patient said then and now are true? Little does he care. Should a sick man fail at his hands, get well at your hands, you would be instantly haled into court, charged with crime, and Dr. M.D. would be complaining witness. Public is more than half inclined to also see these conditions without microscopes or telescopes.



To realize how far this Trust does go, note diagrammatic cut reproduced from Journal of American Medical Association of October 30, 1915. Study, if you will, different avenues of domestic life they reach into. Note wonderful scheme of publicity

they possess. Do this and you will realize that they appreciate value of publicity.

Underneath this public guise is a private, incompetent, competitive financial grudge, to put them out of business by exclusion, if possible; by inclusion, if impossible.

For further proof let us glance at spirit incorporated in this clipping taken from "Medical News" under "California," in October 23, 1915, issue of Journal of American Medical Association:

**"GOING AFTER THE IRREGULARS.**

"The State Board of Medical Examiners announces that it will start an aggressive campaign in Southern California directed particularly against the advertising 'quacks' and other individuals who prey on the credulous public. It is intended to eradicate from the southern section of California the flagrant violators of the medical practice act who have heretofore openly defied regulation."

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**"AN INVISIBLE GOVERNMENT" OFFENDED BY  
DRUG MANUFACTURERS' INDEPENDENCE**

7th. American Medical Association is composed of "*Members*" and "*Fellows*," all of whom are practicing physicians and surgeons, meaning by contrast that they are not in manufacturing line. They do not manufacture drugs or instruments, nor have they any interest in their output, except that this trust makes it their business to aim to control drug manufacture market, just as thoroly as they have aimed to control doctor-manufacturing business, regardless of kind or character. At a matter of fact, they endorse certain drugs and deny others of any value. Drugs have merely a stimulative or a hypnotic value; they tend to paralyze that function which has too much action, or tend to stimulate that function which hasn't enough. It matters little what drug it is, some do this action more than others; others do it less. None of them have any curative value, therefore one is as good as another and some are worse than others.

This selfish motive, this sordid instinct, is perhaps more frequently and clearly disclosed in their discussions of proprietary medicine question than in anything else — probably because it most directly and vitally affects their pocketbooks. On every subject there are grounds for honest differences of opinion, and

it might well be that they could bring to bear reasonable objections of greater or less weight against proprietaries. Certainly, these remedies are not all of equal merit, and undoubtedly there are some worthless and occasionally vicious products of kind upon market. Therefore, if clique used proper discrimination — if war against really worthless or vicious products, or if, even the fight against proprietaries as a class were honestly based upon some real or assumed principle (provided that principle had regard solely for the public health), we would not be disposed to quarrel with them, even tho we might dissent from their views. But here, as in nearly everything they do or say, spirit of avarice and cupidity predominates; and Iago in their breasts, rendering them insensible alike to restraints of conscience and cries of sick, seems always to be calling out: "PUT MONEY IN THY PURSE!"

For instance, *Journal*, May 6th, 1905, urges physicians not to prescribe even pharmaceutical specialties manufactured and advertised exclusively to them, giving as its reason, not that they are entirely bad, not that they are without therapeutic value, but "patient will become acquainted with what the preparation is good for, and will then buy direct," and consequently some doctor will be cut out of a prescription fee. There is here a practical admission that prescribed remedy has, at least, some merit, for patient would not be likely to "buy it direct," unless he found it benefited him, and to an appreciable extent.

California State Medical Journal, quoted above, in its issue for September, 1905, says:

"Ask any pharmacist what will eventually happen if you give a patient a prescription for one of these proprietaries. He will tell you that in due course the patient, or his wife, or his mother, or his children, or his sisters, or his cousins, or his aunts, or his wife's friends will come into the store and buy more of the same stuff — but without a prescription. IN OTHER WORDS, YOU HAVE LOST A PATIENT."

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In an article in *Journal of American Medical Association*, March 18th, 1905, it is charged that "the druggists are cutting the doctors' throats by selling patent medicines," and an implied threat is made to druggists in words that "THEY OUGHT TO SEE PROPRIETY OF NOT WORKING AGAINST DOCTORS'

INTERESTS," THAT IS, BY SELLING PATENT MEDICINES TO PEOPLE, AND IN THIS WAY CUTTING DOCTORS OUT OF PRESCRIPTION FEES.

Dr. Horatio C. Wood, Jr., one of leaders in present crusade, in Journal of American Medical Association, June 10th, 1905, makes a calculation of amount spent only in advertising proprietaries, and says that advertising "REPRESENTS JUST SO MUCH AS COMING OUT OF POCKETS OF DOCTORS."

In an article in Journal of American Medical Association, September 9th, 1905, doctors are told that it should be a rule that no proprietary medicine should be delivered to patient in original package—THIS PRECAUTION BEING TAKEN TO PREVENT PURCHASE OF FUTURE SUPPLIES WITHOUT A PRESCRIPTION.

Dr. Horatio C. Wood, Jr., again in Journal of American Medical Association, June 10th, 1905, speaking of physicians' proprietaries, says: "INDEED, THE EMPLOYMENT OF THESE FANCY-NAMED SPECIALISTS IS A DIRECT TEMPTATION TO SELF-MEDICATION," BY WHICH, OF COURSE, DOCTOR IS LOSER, SINCE IT CUTS HIM OUT OF A PRESCRIPTION FEE.

In an article in Journal of American Medical Association, March 4th, 1905, objection is made to proprietaries on ground that "THEY ENCOURAGE THE PATIENT TO PRESCRIBE FOR HIMSELF, AND, AS PROPRIETARY MANUFACTURER BECOMES RICHER, PHYSICIAN BECOMES POORER." It is doctors' interests, and not those of people that are here considered, it seems to us.

And, lastly, it was disgust at frequent expression of such contradictory and hypocritical sentiments that caused editor of Medical Times to exclaim:

"THIS (THE PROPRIETARY MEDICINE QUESTION) IS A SUBJECT VITAL TO EVERY PHYSICIAN. WE MERELY REPEAT HERE THE SPECIFIC STATEMENT WE HAVE FREQUENTLY MADE, TO THE EFFECT THAT IN ONE YEAR SIXTY-TWO MILLION DOLLARS HAS BEEN EXPENDED IN PATENT MEDICINES, ENOUGH TO GIVE EVERY PRACTITIONER A YEARLY INCOME OF \$2,000. IN THE FACE OF SUCH FACTS AS THESE, ALL TALK OF HUMANITY, ALTRUISM, SELF-ABNEGATION AND THE LIKE BECOMES CHEAP

AND NAUSEATING. SUCH BUNCOMBE SHOULD GIVE WAY  
TO HOMELY COMMON SENSE."

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Let it be borne in mind that here, as everywhere, it is the clique and not the real practitioner who is doing all this talking and who makes confession to these sordid motives. Honest practitioner has but one purpose in view, and that is to bring relief to his patient. And he employs means which he thinks will best effect this purpose, undeterred by any such fear as that patient may at some time get same remedy without an order from him and thus cause him to lose one or two dollars which he charges for writing a prescription.

Why this attempt at monopoly of A. M. A.? There are two reasons: A. Majority of physicians can't remember Latin two weeks after they have left college, therefore write out dope and leave it to druggist to fill. Physicians forget nine-tenths of all they learn in four years, in four months after they enter field of practice, hence rely on a few drugs. This has given birth to existence of proprietary medicines, something people could get easily. B. People cannot afford to pay doctors from \$1.00 to \$5.00 to get a prescription for which they would then pay druggist anywhere from \$1.00 to \$5.00, because of its being a special prescription and have to be specially compounded, when they could just as well spend \$1.00 and get a quart of some well-known, well-advertised proprietary drug such as Peruna, Paine's Celery Compound, Pink Pills, etc. Latter was found to do *just as much* good and cost anywhere from fifty to ninety-nine per cent less and last ten times as long, except that end desired here was stimulation, in which event Peruna at \$1.00 per quart had advantage over higher priced especially made distant cousin. In one instance doctor got his \$1.00 to \$5.00 for writing prescription and his rake-off from druggist when he filled it at \$1.00 to \$5.00.

Thus it can be seen that A. M. A. "*Members*" have been using every means, fair or foul, to kill *all* competition, regardless of whether public were better served or worse, just so they got *their* rake-off, and thus has game of legislation played on.

If, and it has been proven, "*Members*" are *compelled* to kill druggists, drug manufacturers, drug products, medical colleges, medical student enrollment, medical graduates to step down num-

ber of physicians, to step up ratio of population of one to 2,000 to make it possible to continue to make a respectable, decent and honorable living, *then what right have legislators to believe that they intend to be your friend, to favor you, to do for you that which they can't or won't do for their own kith and kin?*

If, and it has now been proven, it is a part of their program to kill their direct and analagous product, what right has *any* "irregular" to believe that they will change their ten years of campaigning to favor him?

If, and it has been proven by many quotations we have given, they will make rash and raw promises for you to get in and thus be able to continue their depopulating methods to choke their own professional family, what right has any of us to place any credence in any promise made us during a legislative fight?

If, and it seems to me it has been more than proven, it is a part of their program to continue to —

*1st, reduce number of medical students attending medical colleges;*

*2d, reduce number of medical colleges that can continue to exist;*

*3d, reduce number of medical graduates coming from these colleges;*

*4th, reduce number of medical doctors who can pass State Board examinations, — then what right has any sectarian, dogmatist, or "irregular" —*

*1st, to believe that these "Members" will continue to let "irregular" students increase in "irregular" schools?*

*2d, to believe that this American Mendicant's Association will permit "irregular" schools to multiply or grow?*

*3d, to believe that this huge medical octopus will keep its suckers away from us and let number of sectarians who graduate increase?*

*4th, to believe that there will be an increase in percentage who can and will pass medical State Board examinations when you appear before them and they control the situation, by and with compromised legislation of their making, by and with your consent?*

By this time, we think we have convinced you that there is little mercy to be expected from them, notwithstanding their many bland smiles and false promises and futile evasions. If it is true that we are to be killed, have been destined, picked, plucked and numbered for slaughter, then what is *modus operandi*? What will they do, and how, by what means will they proceed to get us? This is simple. It also was a part of that "model bill."

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### "AN INVISIBLE GOVERNMENT" — ITS HOLY TRINITY

THEY HAVE SENT FORTH AN EDICT THAT THREE STANDARDS MUST GO INTO VOGUE: FIRST, *FINANCIAL* STANDARD; SECOND, *EDUCATIONAL* STANDARD; THIRD, *LEGAL* STANDARD. LET US SEPARATE THESE AND CONSIDER EACH FOR WHAT IT IS WORTH.

Each of these standards must be made as stringent for all "irregulars" as for their own profession, and possibly more so.

"Irregular" approaches legislature with thought in view of getting "a license" to do that which he has been doing. He is confronted with argument that "education" should be no less than that of medicine if he expects to do the same class of work, viz.: take care of sick. We understand that ninety-five per cent of physicians now in practice are short-termers. With this short-term education, they claim they are *not* curing people; that if they had *more* education they could cure more people; therefore they have urged upon legislatures certain *educational* standards as a means of making *more proficient* men, that they might cure a larger percentage of people. If they are demanding this high standard of *their* people, certainly legislature should not expect less of us; therefore legislature asks of Chiropractor same requirements.

LITTLE DOES LEGISLATOR KNOW THAT PURPOSE OF M.D.'S INCREASED EDUCATIONAL REQUIREMENT WAS TO KILL HIS OWN OFFSPRING, TO REDUCE HIS OWN NUMBERS, TO THIN OUT *HIS* RANKS; AND, IF IT HAS THIS SALUTORY EFFECT WITH HIS PROFESSION, CERTAINLY IT WON'T HAVE ANY LESS CERTAIN AND SPECIFIC EFFECT UPON OURS IF WE ADMIT IT TO PASS ON AND THRU. AREN'T THEY RAISING PROHIBITIVE



## STANDARDS TO KILL THEIR OWN? HAVE WE A RIGHT TO EXPECT LESS, IF THEY ARE PLACED IN CONTROL OVER US?

Ostensible purpose of legislation is to attempt to convince legislator that university, itself, is anxious for rapid rise of a *prohibitive* educational standard; that they are agreed in permitting state medical boards to say what this standard shall be and work to end of its being enacted into legislation. This is not true. Colleges and universities believe they should set this standard, as evidenced by following extracted from an article titled "Principles and Experiments in Medical Education," by James Ewing, M.D. (Professor of Physiology, Columbia University, College of Physicians and Surgeons, N. Y.), as reported in A. M. A. Bulletin of January 15, 1916:

"IT IS A TACTICAL MISTAKE FOR UNIVERSITY TRUSTEES TO RELIQUISH CONTROL OF ANY ESSENTIAL PART OF MEDICAL EDUCATION. IT IS AN ILLOGICAL STEP AND A DANGEROUS PRECEDENT TO ENCOURAGE STATE LEGISLATURES TO DICTATE TO UNIVERSITY FACULTIES HOW THEY SHALL CONDUCT MEDICAL EDUCATION, AND IT IS UNFORTUNATE THAT ANY POLITICAL INFLUENCE SHOULD HAVE BEEN INTRODUCED INTO THIS MATTER."

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In an article, same Bulletin, titled "Relationship to State Medical Boards," by Dr. Herbert Harlan, President of Maryland State Board of Medical Examiners, he makes this statement:

"IT IS KNOWN THAT MEDICAL SCHOOLS ARE NOT WHAT THEY MIGHT BE, AND TO HOPE THAT ALL EDUCATION, INCLUDING PROFESSIONAL EDUCATION, CAN BE SATISFACTORILY REGULATED BY LAW, IS TO HOPE FOR THE IMPOSSIBLE."

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That A. M. A. as an organization, regards "Chiropractic" in lightest light, as we have suggested above, seems now a proven fact. But that there still might be a lingering doubt is always possibility, hence we quote following letter. That its origin and reason for existence might be clear, we give manner of how it came into our possession. B. E. Alberton, D.C. (Santa Barbara, Cal.) had a patient who was a member of a certain N. Y. society. He asked them for information on "Chiropractic." They in turn

asked the Secretary of A. M. A. They received an answer which the N. Y. society incorporated in this answer to patient, which was given to Dr. Alberton, who sent same to us. We quote it verbatim:

"See the article 'Chiropractic' in Nelson's Encyclopedia.

"The following is a copy of a letter sent us by the Secretary of the American Medical Association, which describes the theory of 'Chiropractic,' and also shows that the medical profession regards the views of this sect as most unscientific.

"Replying to your letter asking for information regarding 'Chiropractic,' this sect or cult is a sort of latter-day development of osteopathy, although the 'Chiropractors' themselves deny this. As you doubtless know, the osteopaths in the beginning claimed that all abnormal conditions in the human body were due to the malposition of the structure, whether bone, artery, muscle, tendon, etc., and that there was no such thing as dis-ease, but that the conditions usually designated to dis-ease were due to interference in the blood or nerve supply of some structure of the body caused by the malposition or displacement of the structure. Consequently, their original cry was that the body was a machine and that all that was necessary was to correct any mechanical difficulties and perfect health would result. Of course, this position has been very largely abandoned by many osteopaths of late years, as they have seen that it was utterly untenable and, like all sects which start with one idea, they are now endeavoring to cover the entire field of medicine and surgery, giving anesthetics, performing operations and doing all the other work of the physician and surgeon; in fact, in a few years from now, if present conditions continue, the osteopath will be simply a sectarian physician who is a graduate of a cheap, poorly-equipped school and who has a smattering of medical knowledge biased by the peculiar beliefs of his sect, which will, however, become less prominent as it goes on.

"'Chiropractic' is a kind of hybrid of osteopathy, the originator of which went osteopathy one better. This peculiar sect was founded by a man named Palmer, of Davenport, Iowa, who was, I believe, a magnetic healer. He announced that there was no dis-ease, but that all abnormal conditions were due to pressure on some of the spinal nerves, caused by a dislocation of one or more of the vertebrae. Such dislocation he termed subluxation, giving a perverted meaning to a common surgical term. He claimed that all disorders were due to a displacing of the vertebrae causing pressure on a nerve, and that this pressure cut off the 'flow of life' from the nerve to the structure supplied by it, and that the symptoms resulting therefrom were what is ordinarily known as dis-ease. Consequently, he manipulated the spinal column of his patients, and wherever he detected, or pretended to detect, a malposition he 'reduced it' and thereby relieved the impingement on the nerve and allowed the 'flow of life' to resume its course, with the result that health was said to be restored. The fact that such dislocations of the spinal column do not exist can be demonstrated, and in the great

majority of cases would produce no interference with nerve function even if they were, have all been overlooked by the founder, as is usually the case with men of one idea. The origin of this interesting sect was recently given on the witness stand by the son of the founder, who was testifying under oath as an expert witness for 'Chiropractic':

"Harvey Lillard was a janitor in the building in which father had his office in the Ryan Block at Davenport, Iowa. Harvey came in one day thoroughly deaf. Father asked him how long he had been deaf and he told him seventeen years. Father said, "How did this occur?" Harvey said, "I was in a stooping, cramped position and while in that position I felt something pop and heard it crack in my back." Father looked him over, and laid him down on the cot and there was a great big subluxation on his back. Harvey said he went deaf within two minutes after that pop occurred and had been deaf ever since, for seventeen years. Father reasoned out the fundamental thought of this thing, which was that if something went wrong in that back and caused deafness, the reduction of that subluxation should cure it. That bump was adjusted, was reduced, and within three days Harvey had his hearing and has had it ever since.'

"This sect has only recently attracted any notice. In the case of the State versus Johnson, the Kansas supreme court said: (114 Pac. Rep. 390) Counsel for appellee (the attorney for the Chiropractor) advises us that the Chiropractor claims that all the dis-eases which are in any way affected by his adjustments (the term they use for treatment) are caused by the partial displacement of the vertebrae, thus causing the nerves which pass through the opening in the vertebrae to press against the side of the opening and prevent the life fluid from flowing freely through the nerve to the part of the human system to which the particular nerve reaches. Dis-eases not caused by the pressing of the nerves against the sides of these openings the Chiropractor does not in any way treat. He claims that the treatment so-called, is not a 'treatment,' but merely an adjustment of the vertebrae, which restores the vertebrae and the nerves to their normal position and thus removes the cause of the dis-ease.

"The court held that the object and intent of the legislation was to protect the public from impositions and ignorance in the healing art and that the law may and does cover such a case. The court consequently held that Chiropractic was the practice of medicine and that its followers were amenable to medical practice laws."

"—— In reply to your question as to how they are regarded by the medical profession in general, I can only say that from a scientific standpoint their statements are absurd and their ideas of dis-ease and so-called methods of treatment are ridiculous. No one with the education of a modern high school child would be taken in by such pseudo-scientific pressure."

"In fact, Dr. Jay H. Radley, in concluding his paper in the August, 1914, number of *American Medicine*, says: 'If there were desired a completely convincing demonstration of the truth of the adage that "a little knowledge is a dangerous thing," that proof appears in the absurd scheme to erect upon this one therapeutic measure a "School" or "system" of practice — a

plot to foist upon the public another pseudo-'science,' which should arouse and enlist the active, aggressive, united and determined opposition of every citizen, whether lay or professional."

"'Chiropractic' is a freak outshoot from osteopathy. Its followers assert that dis-ease is caused by pressure on the spinal nerves and can be eradicated by 'adjusting' the vertebrae. It is the sheerest kind of quackery, practiced largely by men whose general education is as limited as their knowledge of anatomy, and who are profoundly ignorant of the fundamental sciences on which the treatment of dis-ease in the human body depends. Chiropractic is taught—heaven save the mark!—on the mail-order plan. The modern medical school requires that its matriculants have a fairly good general education. The so-called 'colleges' of Chiropractic matriculate anybody who can pay the fee. The medical school requires, in addition to a good preliminary educational foundation, four years—in some cases five—of hard study with much practical work before granting the degree of doctor of medicine. The Chiropractic 'schools' profess to teach individuals how to treat dis-ease by a few weeks' mail-order instruction. Study the advertisements of any concern that professes to give a 'course' in Chiropractic. Send for the advertising matter and obtain the follow-up letters by which these alleged schools obtain 'students.' The key-note of every piece of advertising matter that emanates from these sources is that there is 'big money, in Chiropractic.' Chiropractic is in no sense a profession. It is a scheme by which sharpers induce men, generally of little education and with a dwarfed sense of moral obligation, to learn the tricks of a disreputable trade-quackery."

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Physicians believe in theory and practice of medicine and surgery; they believe in teachings of medical colleges; they believe in things graduates of medical colleges are going to do.

Physicians do not believe in theory and practice of Chiropractic; they call it a fake, graft, dogma, etc. Physicians call Chiropractic ignorant, their graduates incompetent, money grabbers, etc.

As merely proving the point that it is intention to absorb Chiropractic into being a part of scientific (?) medicine, same as allopathy has swallowed homeopathy and eclecticism and as they are now doing to osteopathy, let us quote following letter sent forth from the "Commonwealth of Pennsylvania Department of Health," with Samuel G. Dixon, M.D., as its Commissioner:

"Harrisburg, July 24, 1915.

"Mr. Roy H. Spangler, 93 N. Third St., Reading, Pa.

"Dear Sir:—There are, we believe, a number of persons in the state practicing what is known as Chiropractic medicine. Probably

several have been licensed by the Bureau of Medical Education and Licensure, but we are not familiar with the requirements of the examination. For further information we would refer you to the Hon. Nathan C. Schaeffer, Secretary, Harrisburg, Pa. Very truly yours, Samuel G. Dixon."

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As further proof of the same character, from another state, let us quote this letter:

"Detroit, Mich., January 20, 1916.

"Mr. Alfred Dearden, New Philadelphia, Ohio.

"Dear Sir: — Replying to yours of even date, I will state that this board has no reciprocity agreement with Ohio covering section 3, subdivision 3rd, page 10, of the enclosed copy of the Michigan Medical Act; nor do I find any provision in the Act for a reciprocal agreement in the future.

"Then again, the Michigan standard for so-called drugless healers is very much higher than that of Ohio, both as regards preliminary and medical education. Under the Act it would be impossible to admit you, even if Michigan had a reciprocity agreement with Ohio, upon a lesser qualification than demanded under the examination.

"If you are a graduate of a standard high school, you could take this board's examination in the subjects listed in the enclosed application blank.

"THE MICHIGAN LAW DOES NOT RECOGNIZE THE TERM 'CHIROPRACTOR' OR 'CHIROPRACTIC' IN ANY FORM. Yours very truly, B. D. Harrison, Secretary."

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WHAT RIGHT HAVE WE TO EXPECT ANY FAVORS FROM THOSE WHO DESPISE US, UNDER THOSE CONDITIONS, WHEN THEY CONTROL US BODY AND SOUL? WHEN THEY ARE CRUEL TO THOSE THEY LOVE, YOU MAY EXPECT TYRANNY TO THOSE THEY HATE.

There are three conditions here which must be outlined in full because of their importance in this connection:

#### FIRST PLOT: THE FINANCIAL SUBTERFUGE

By "financial standard" is meant that "members" of "Council of Medical Education" have sent forth a college rating. They have Class A, Class B schools, etc. They rate them according to money it costs to run them; how much is spent in buildings, laboratories, hospitals, equipment, faculty members, etc. Out of

a mass of evidence, all medical colleges considered, they have issued a challenge that all schools must get into Class A, as shortly it will be the only school whose graduates will be at all recognized by state boards on examinations.

That this Educational-Financial Standard-conclusion herein reached is not a financial one, but is exactly what is occurring, perhaps following news extract taken following a meeting of Medical Society, copied from Owosso (Mich.) Evening Argus of October 20, 1915, will be further proof. (Note also that this clipping shows, in its fore-part, animus medical profession, as an organization, holds for Chiropractic and Chiropractors, even tho they have been in control, which is true of Michigan, gained partly by compromised legislation):

"DISCUSS SCIENCE, OSTEOPATHY, CHIROPRACTIC, ETC.—  
COUNTY MEDICAL SOCIETY MEMBERS RAP SO-  
CALLED PARASITES OF MEDICINE.—

"BRIEF PREPARATION MAKES PRACTITIONERS

"WHEREAS STANDARDS OF MEDICINE CALL FOR YEARS  
OF TRAINING AND CONSIDERABLE EXPERIENCE TO  
QUALIFY, SAY PHYSICIANS.

"Parasites of the medical profession, obtaining an income through the superstition of the people, was the characterization yesterday of scientists, osteopaths and Chiropractors at the meeting of the Shiawassee County Medical Association yesterday. Nearly every member present expressed his views on the subject.

"'A young man today must spend from \$5,000 to \$8,000 to establish himself in the practice of medicine in Michigan,' said Dr. C. McCormick. 'Is it worth the effort, I often wonder. Someone else can go out with a \$35 Prince Albert and a cane and sing a few Mother Hubbard songs and become rich. From the pecuniary standpoint I do not think it worth the effort, but we have a greater duty. That is our duty to our fellow men.'

"Dr. A. M. Hume charged that the scientists, assisted by the patent medicine houses, succeeded in defeating the district health officer bill before the last legislature. He declared that a curb had been placed on the Chiropractics, but that the osteopaths had a board of their own. It is his opinion, however, that the osteopaths will soon raise their standard as to requirements. No action had been taken in regard to the scientists, he said, because the legislators did not like to interfere with religion.

"Dr. Haviland expressed an opinion that it would be better to ignore scientists, as it was a fad which would die a natural death. Several other physicians brought up the subject, and the questions of science and public health were discussed at some length.

"Only one voice was raised in defense of the scientists. Dr. Harold Hume declared that he viewed the matter from a different light than the rest of the physicians.

"I believe the scientist, the osteopath and Chiropractor are sincere, and they have a right to their belief and freedom of action as long as they do not interfere with others,' said Dr. Hume.

"Scarcity of physicians, it is feared, will result from the high standards now required, which it is believed will keep many bright and talented young men out of the medical profession. Between \$5,000 and \$8,000 is required of a person now taking a medical course in the University of Michigan. Already the requirements have reduced the number of young physicians in Michigan to half the former number.

"A majority of the Shiawassee physicians present expressed the opinion that the present requirements were at least sufficient, if not too severe. Not only is a high school education required today before students can take up the study of medicine, but two years of preliminary college training is also required."

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CLASS A SCHOOLS INCLUDE ONLY THOSE WHO SPEND APPROXIMATELY \$1,000 TUITION, PER STUDENT, PER YEAR. BY THAT IS MEANT, IF THERE ARE 500 STUDENTS THERE MUST BE A SUM ACTUALLY SPENT (BY SCHOOL) UPON EDUCATION OF THOSE 500 EQUAL TO \$500,000. IT CAN BE SPENT IN SALARIES, EQUIPMENT, LABORATORIES, HOSPITALS, ETC., BUT IT MUST BE ACTUALLY SPENT. A SCHOOL, IN ORDER TO BE RATED AS CLASS A UNDER RATINGS OF A. M. A., MUST EXPEND IN ACTUAL COLD MAZUMA ONE THOUSAND DOLLARS PER STUDENT EACH AND EVERY YEAR. WHAT DO WE MEAN BY THAT? SUPPOSING TUITION IS \$250 PER STUDENT PER YEAR, SCHOOL MUST MAKE UP DEFICIENCY OF \$750 PER STUDENT PER YEAR.

This institution, The P. S. C., is struggling to *make a profit* on \$250, much less coping with a \$750 deficit. We must grow. We can grow only on profit, and with only \$250 to make our profit on, where can we make up \$750 deficit? They say "that is none of our business how you do it, but it must be done" to reach standard of medical education council of A. M. A. How are we to get it? There are two ways open to every sectarian school. It must become endowed, so that the endowment gives us a

useful surplus of \$750 per student per year. But, we say, John D. Rockefeller isn't going to give us a million. He would rather give a million to find a hookworm. They say, well there is another way. Become a state university and taxes will make up deficit. We say, but state universities wouldn't accept us. Then there is only one alternative — you must get down and out, which is as they want it.

In those states where a compromise has been made between Chiropractors and medical board "Members," they have assumed to recognize only those Chiropractic schools which are in "Class A," the \$1,000 tuition per student year fellows. It is a well-known fact that highest Chiropractic tuition at this writing (1916) is \$250; that highest that ever was was \$500, some twenty years ago. It is doubtful if a Chiropractic education will ever be \$1,000, and, if it were, enrollment would be so small that it would practically kill it scientifically and numerically. This is desired end, therefore plan is well aimed.

Suppose, as is fact, our tuition is \$250. Where can we get \$750 to meet deficit? In other words, a school for carpenters, plumbers, ministers, mechanics, engineers or lawyers, etc., where more or less practical work is necessary, where net result of teaching is in what is done, those schools must be self-supporting, self-sustaining; but an allopathic doctor is produced at expense of taxpayer, because there is always a financial deficit at end of year. Two ways are open: 1st, endowment, and thus let endowment fund pay deficit. 2d, state taxation could meet difference. So long as we are a private institution we cannot expect state taxation to help us meet A. M. A. standard. So long as we are a new science, so young that public philanthropists don't hear of us or believe in us, then time is far off when we can expect a million or more to take care of difference between what we take in and what A. M. A. says we have to spend to be a good fellow with them.

That financial condition is being builded so high that even many medical colleges are being condemned because they can't meet it, is in evidence. That same conditions are expected of us, must be mutually agreed, even tho no such a necessity exists. But, it is their intention to force such upon us; here comes the evidence which proves it.



Following is an extract from A. M. A. Bulletin of January 15, 1916, article being entitled "Progress in Medical Education," and was delivered by N. P. Colwell, M.D., Secretary of Council on Medical Education of A. M. A.:

"The medical practice act obtained by New York in 1907 made provision that every practitioner of the healing art, regardless of the form of treatment advocated, was to be licensed by the Board of Medical Examiners under the Board of Regents. It provided that only one certificate—a physician's license—was to be issued to any one who could show evidence of adequate educational qualifications and pass the physician's examination. The New York law also, fortunately, provides for the inspection and classification of medical teaching institutions, under which authority a classified list of such institutions is annually published. THE NEW YORK LAW, THEREFORE, NOT ONLY REQUIRES THAT ALL APPLICANTS FOR LICENSE MUST PASS THE SAME EXAMINATION AS REQUIRED OF PHYSICIANS, BUT ALSO THAT SCHOOLS OF THE VARIOUS MEDICAL CULTS, IF THEY ARE TO BE RECOGNIZED, MUST COMPARE FAVORABLY WITH MEDICAL COLLEGES, FROM THE STANDPOINT OF ENTRANCE REQUIREMENTS, COLLEGE BUILDINGS, LABORATORIES, TEACHERS, ETC. IF THE INSTITUTIONS ARE FOUND TO BE UNWORTHY OF RECOGNITION, THEIR GRADUATES ARE NOT PERMITTED TO TAKE THE LICENSE EXAMINATION."

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### "AN INVISIBLE GOVERNMENT" OSTRACIZES SELF-MADE INSTITUTIONS

It is certainly apparent that:

1st. It is intention to force out of business all institutions having to do with sick, which are owned by private individuals, irrespective of whether owned by one man or a corporation, regardless of whether poor or rich.

2d. It is intention of "AN INVISIBLE GOVERNMENT" to force all institutions having to do with sick, to become attached to some state university.

3d. That all new progress, in healing art, has ever and always will come from some private individual who has sprung from without ranks of physicians and surgeons; and, that it is his right to profit by his mind and muscle.

4th. His desire to so profit from his labor is a natural one, is true of all other business and professions and should be true in this.

5th. Chiropractic is an example and its Head School is therefore a private institution.

6th. The aim and desire is to raise standard so high that only state universities can meet them and only then by state taxation or private endowment, or both, and that such an end would mean death of any progressive movement trying, alone, to support itself on a profitable basis.

7th. Medicine and surgery have become a question of money, not brains; a question of materialism, not worth; a question of state domination, not private progress.

8th. When all initiative is taken from people and absorbed by government, initiative of people dies and country wilts for want of incentive.

9th. No greater example exists than patent departments, which let the man who sweats profit by that labor.

10th. To place state beyond individual; power over precedence; past before initiative, is to throttle end of democracy, which is the corner-stone of our nation.

We feel that following quotation will more fully substantiate preceding facts; it is an editorial in May 27th, 1916, issue of Journal of A. M. A.:

**"TUITION FEES AND THE COST OF TEACHING MEDICINE**

"The rapid increase in medical knowledge during the last quarter of a century has led to the complete reorganization which methods of teaching medicine have undergone IN RECENT YEARS. This reorganization required the establishing by each school of special laboratories equipped with EXPENSIVE and technical apparatus, and the payment of fair salaries to full-time skilled teachers. Instead of generous profits to the proprietors of medical schools, which was the case only a short time ago, the adequate maintenance of a medical school at present REQUIRES THE EXPENDITURE OF MORE MONEY THAN CAN BE OBTAINED FROM EVEN THE MOST EXORBITANT TUITION FEES. As shown in a report published recently, the total expenditure for teaching in eighty-two medical colleges from which reports were obtained was about five and a half million dollars obtained from tuition fees. In other words, the average cost of teaching each student enrolled in the eighty-two colleges reporting was \$419, as compared with \$150, the

average amount received from each student in tuition fees. Notwithstanding this greatly increased expenditure, tuition fees have been only moderately increased. The average tuition fee in all existing colleges is about \$145, as compared with \$109, the average fee charged by the same colleges fifteen years ago. Tuition fees have been advanced by only about 25 per cent in the last fifteen years, therefore, although the cost of teaching has been advanced from the point at which students' fees permitted a profit, TO THE PRESENT SITUATION WHERE IT EXCEEDS THE INCOME FROM STUDENTS' FEES BY 280 PER CENT. THIS EXCESS IN EXPENDITURES HAS, OF COURSE, BEEN MET BY STATE APPROPRIATIONS OR BY PRIVATE GIFTS AND ENDOWMENTS WHICH, MEANWHILE, HAVE NOT BEEN OBTAINED BY THE SMALL AND RAPIDLY DIMINISHING NUMBER OF MEDICAL COLLEGES STILL CONDUCTED FOR THE DIRECT BENEFIT OF THEIR OWNERS. Such aid has invariably been furnished to the medical colleges which were worthy of it — colleges which were furnishing the best medical training possible with the funds at their disposal."

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Speaking directly of \$1,000 per head, per year, A. M. A. financial standard, we could and do expect birds of a feather to flock together much closer than birds of some other flock. Homeopaths are not horses, but they are mules. Time was when they refused to be hitched with a horse; now we often find them together. But, even tho trying to do team work, old mule-blood frequently boils and shows. Here now follows one of those instances where Homeo is thinking about kicking traces.

Quotation is taken from January 15, 1916, edition of Bulletin of A. M. A., from Minutes of Council on Public Health and Instruction. Speaker is Royal S. Copeland, M.D., of New York:

"During the past year the question has arisen in connection with the medical college over which I preside as to whether or not it should abandon allegiance to the principles of the Council on Medical Education, assume for itself an independent and self-imposed standard, AND DISPENSE MEDICAL EDUCATION AT CHEAPER INTELLECTUAL RATES THAN THE 'CLASS A' price."

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Commenting on this proposition in an issue of Fountain Head News, Dr. Matson, of Ohio, reprinted it in Ohio State Medical Journal, mentioning that we had got a hold of some fanciful figures of a \$1,000 standard. Quotations which now follow show where we got it and how it figures out to be a \$1,000 standard or over.

KILLING SELF AS AN AVOCATION, BUT  
MURDERING ENEMIES A VOCATION

Let us bear in mind, while reading these quotations from same report heretofore mentioned, that whatever mention is made to medical schools, *they regard us in even a less favorable light than them; whatever fate they have meted to them, they have worse for us; whatever is their destination, we can expect less; whatever disgust they hold for them, they hold out contempt for us.* Therefore, what they say is good for them, *is also what they say is worse for us*, and we will be compelled to take our medicine same as they, *if we compromise* and are placed under their control:

(P. 126.) "It is universally conceded that medical education cannot be conducted on proper lines at a profit — or even at cost."

(P. 126.) "Our best medical schools are indeed far from self-supporting; they absorb the income of large endowments or burden seriously the general resources of their respective universities."

(P. 127.) "As the country becomes able and willing to support at a loss the number of schools needed, the ethical justification of other schools that must pay a profit, even though that profit go into buildings and equipment, becomes decidedly dubious."

(P. 127.) "For if a good medical education costs more than the student pays in fees, then, even though an adequate plant has been provided in advance, his instruction must at some essential points be curtailed if additional income is not available."

(P. 127.) "In varying degrees, contended acceptance of these conditions goes along with the survival, however insidiously, of the notion that medical education, whatever else it may be, is something of a business, too."

(P. 133.) "That is to say, \$100,000 to \$150,000 will be required at the start to pay the minimum cost of a four-year school of medicine accommodating 250 students and consistently organized along sound lines on both laboratory and clinical sides."

(P. 133.) "The fees received from such a student body would amount to some \$40,000; so that it may be fairly estimated that in such an institution fees will at the utmost pay little more than one-third of the expense, provided that proper hospital and dispensary facilities are already supported by endowment or otherwise."

(P. 133.) "Institutions which have always, or long, operated on a high standard, and thus command an established public, find that expense tends to increase more rapidly than fee income. They persistently seek additional funds that may enable them to push ahead."

(P. 133.) "In other words, the total enrollment will shrink; it will tend to concentrate in fewer schools."

(P. 133.) "Our conclusion is that established schools, secure of their public on a sound basis, may count on fees to the extent of one-third to one-half of the expenditure required to conduct a good school of modern medicine; and that as the department becomes more homogeneously developed, the fees will tend to do even less."

(P. 134-135.) "The actual cost of conducting the Johns Hopkins Medical School, with 297 students, is something over \$100,000 a year, not including, however, the salaries of clinical professors, which are in this case paid out of the hospital funds. Including these, the total outlay would considerably exceed our estimate. Tuition fees are about one-half of this amount. The Harvard budget runs higher, \$251,389, much more than double the income in fees from its 285 students; Michigan, with 389 students, spends \$83,000 on its department of medicine and surgery, and \$70,000 more on the university hospital; Columbia, with 312 students, requires \$239,072 for the College of Physicians and Surgeons, including the Sloane Maternity Hospital and the Vanderbilt Clinic; Cornell (207 students) expends \$209,888 at New York and \$32,840 more at Ithaca, and gets back \$24,410 in fees. The Toronto (592 students) medical budget is about \$85,000, as against \$64,500 received in fees; McGill (328 students), \$77,000, as against \$43,750 received in fees; the University of Minnesota, \$71,336, as against \$16,546 received in fees. More modest establishments, working towards the same ideals, make a similar exhibit; eighteen years ago the total budget of the Yale Medical School was \$10,000; it is now \$43,311—three times the amount received in tuition fees and confessedly inadequate to the aspirations and capacity of the medical faculty. Cornell spends at Ithaca, on a two-year course, \$32,840, not including the cost of heating, lighting, administration, etc.

"Few of these institutions have developed all departments equally. Even the laboratory branches are not as yet all of the same type. Relatively few even of the best schools are able to cultivate pharmacology to any considerable extent; the same is true of preventive medicine. On the clinical side, make-shifts of which we cannot be too impatient are all but universal. In general, even where intelligent ideals prevail, resources do not suffice for an all-around organization. Wherever a department has been acceptably cared for, the expenditure is apt to exceed our schematic estimate. Johns Hopkins now spends \$16,750 a year on anatomy, \$14,171 on pathology (not counting \$4,791 spent on the clinical laboratory), \$13,246 on physiology and physiological chemistry. Columbia spends \$29,259 on anatomy, \$18,400 on pathology, \$17,838 on physiology. Cornell (New York) spends \$37,000 on pathology, histology and bacteriology, \$15,895 on anatomy, \$14,940 on physiology. These appropriations are not extravagant. On the contrary, they are closely approached—sometimes exceeded—wherever modern methods are effectively employed; at Ithaca, Cornell (18 students) spends \$9,500 on anatomy and \$13,500 on physiology and pharmacology; New York University (408 students) spends \$15,000 on pathology; Washington University, St. Louis (178 students), spends \$9,640 for anatomy, \$8,550 for physiology and pharmacology; the University of Wisconsin (49 students) spends \$10,000 for anatomy and \$8,100 for physiology. Anatomy costs the University of Michigan \$14,300 a year, and the University of Iowa \$13,525.

Champions of cheapness allege that large sums are needed only for research, where medicine is taught to college graduates who afterwards practice in large cities; but Michigan and Iowa spend these sums in behalf of high school boys who, after graduating from the medical school, return to the simple surroundings amidst which they grew up. New York University operates also with high school boys, and is mainly a teaching school. Where clinical medicine is on the proper basis, the same result emerges; at Tulane, for example (439 students), the department, recently reorganized on modern lines, requires \$9,100 for its support. The University of Michigan uses \$7,830 in medicine, \$9,405 in surgery. Every one of the important subjects must, of course, very soon be provided on an adequate scale; for in every acceptable medical school, though large individual variations must occur, the movement to treat the main clinical divisions similarly will not stop. A simple process of multiplication will then give the minimum cost of maintaining a medical establishment in which all the essential subjects are adequately, even though not homogeneously, developed. Endowment or taxation alone can meet this burden — and endowment and taxation are feasible only if medical education is carried on not only in, but by the university. For, of course, a medical school supported by fees is just as fettered inside as it would be outside the university. Its ideals may be higher; its fee income may be more independently expended. But in no case are the fees adequate to support all the essential departments on a substantial basis. As a rule, these schools 'feature' one or two branches; the others pine. The best developed departments show that all ought to be: pathology at New York University, anatomy at Jefferson Medical College, are really strong departments; they belong to institutions dependent on fees; but to provide them, other departments must be denied anything like equal opportunity to expand."

(P. 141.) "Medicine is expensive to teach. It can in no event be taught out of fees. Reputable institutions with no other outlook should combine with better favored schools or stop outright. Legal enactment should terminate the career of the others."

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This report, in speaking of Yale College at New Haven, Conn., says:

"To make these equipments, larger permanent endowment is required. As the school is one of a very few in New England so circumstanced as to have a clear duty and opportunity, it behooves the university to make a vigorous campaign in behalf of its medical department."

(P. 263, referring to Tufts College.) "The enrollment of Tufts, even on the high school basis, is much swollen. The strict enforcement of that standard — and why should it not be enforced — will greatly reduce the attendance. The inevitable elevation of requirements will still further cut it down. The school has no resources but fees; out of them it cannot possibly provide for the legitimate demands of the near future."

Speaking of College of Medicine of University of Nebraska, of Omaha, this report says:

(P. 259.) "Resources available for maintenance: The department is supported by state appropriations. Its income in fees for the year ending June, 1909, was \$4,905; its budget amounts to \$20,612, reckoning only items due directly to the medical department."

Speaking of excluding of influx from states, then referring to their own institution, this report says:

(P. 290.) "Having done this, only an institution with considerable resources, derived either from taxes or from endowment, will even attempt to conduct a medical school in the state; which is as it should be."

Evidence that is at our command to prove contention herein continuously maintained grows bulky. That money galore is needed, far in excess of tuition, grows ghastly as we review facts.

Now comes this quotation under heading of Medical News in February 5th, 1916, issue of Journal of A. M. A.:

"CONTEMPLATED IMPROVEMENTS AT THE UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL—The University of California Medical School is said to be receiving rapid development at the hands of the university. The expenditure of the university for medical instruction last year is reported at \$87,345, and \$78,876 was spent for the maintenance of the teaching hospital, making a total spent by the university for medical work of \$16,221. It is expected that a new 216-bed teaching hospital will be completed by next summer, at a cost, MET BY PRIVATE GIFT, of \$615,000. The regents of the University of California have announced a program of expansion in the immediate future. This plan calls for a new building to house THE DEPARTMENTS OF ANATOMY AND PATHOLOGY, TO COST \$150,000; an out-patient building, to cost \$100,000; a nurses' home, with accommodations for 100 nurses, to cost \$100,000; alterations for the present hospital building, soon to be vacated, TO FIT IT FOR USE FOR PHYSIOLOGY AND PHYSIOLOGIC CHEMISTRY, AT A COST OF \$30,000; alterations of the western building to provide for administrative offices, medical library, etc., and the erection of a central heating and power plant."

Speaking of \$1,000 tuition per student, per year, and necessity of being either endowed or under state taxation to make same a paying investment, perhaps following additional evidence will tend to support our contention that *no privately owned school* can make additions or improvements in science without doing so under the regulation head, regulation theory and method, under regulation state control, which is allopathic in its every aspect.

Following figures are taken from page 596 of February 19th, 1916, edition of Journal of A. M. A., under heading, "Annual Congress of Medical Education, Public Health and Medical Licensure," which was Twelfth Annual Conference of Council on Medical Education of American Medical Association:

"COLLEGE FINANCES.

"Of the ninety-five medical colleges now EXISTING, eighty reported total incomes for the session of 1914-1915, ranging from \$411,570, the highest, to \$4,529, the lowest. The average for each college was \$65,137, and the grand total was \$5,211,002.

"In students' fees the income for each college ranged from \$113,523, the highest, to \$500, the lowest. The average income from this source was \$22,388, and the grand total was \$1,791,013. IT WILL BE NOTED, THEREFORE, THAT THE FEES PAID BY MEDICAL STUDENTS COVER A LITTLE MORE THAN ONE-THIRD OF THE TOTAL INCOME OF THE MEDICAL SCHOOLS.

"Included in the income obtained, aside from students' fees, thirty-four colleges reported the receipt of a total income FROM ENDOWMENTS of \$1,164,602, or an average of \$34,253 for each of the thirty-four institutions which reported income from this source; twenty-eight colleges reported AN INCOME FROM STATES OR MUNICIPALITIES amounting to \$864,285, or an average of \$30,868 for each institution.

"The total enrollment in these eighty medical colleges during the session of 1914-1915 was 12,108. THE AVERAGE INCOME RECEIVED FROM EACH STUDENT IN TUITION FEES WAS \$148, WHEREAS THE AVERAGE EXPENDITURE FOR EACH STUDENT WAS \$417. ON THE AVERAGE, THEREFORE, THE COST OF TEACHING EACH STUDENT LAST YEAR WAS NEARLY THREE TIMES GREATER THAN THE AMOUNT HE PAID IN FEES IN THAT YEAR."

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MONEY CONTROLS MINDS

If this statement is true, that expenditure is three times greater than tuition it is possible to charge, then if some poor man had a new wonderful idea of health, even tho evolutionary and revolutionary, FIRST THING he would have to do to get his idea before sick people would be to get state to endorse something they don't know about, don't believe in, without its being given a good and fair test; or, he would need convince some rich person to grab at a pig-in-the-poke, put up huge moneys for experimental purposes and hope-to-luck it would come out a good investment. Without state support or private endowment, poor man's idea must die for want of proper financial endorsement to



meet these standards. But, say these physicians, "If the idea is of any account, bring it to our medical colleges, lay it before us, let us try it out and if it is good we will endorse it, we will teach it and thus get it to the sick." Mighty poor would be chances of man who advocated no-drugs before him who worshipped drugs. As well give railroads control over air-ships; street-car systems control of jitneys or any other myriad of comparisons that could be made. All progress has been made by some poor man doing that today which others, educated, said couldn't be done. Educated man who says it can't be done is given a rude jolt by poor man who is doing it. History gives examples galore. One entrenched is always a tyrannist in self-defense.

Constantly keeps coming, evidence which proves contention that it is impossible for a school to even exist, much less live, much less earn a profit, from standard as now set by A. M. A.

Following is quoted from Journal of A. M. A. under date of April 8th, 1916, under heading, "Finances of Medical Schools," and more thoroly sets forth facts which we have immediately set forth in mass preceding this:

#### "FINANCES OF MEDICAL SCHOOLS.

"During the last few months an attempt was made to secure from all colleges official statements in regard to the income and expenditures for the college session of 1914-1915. Of the ninety-six colleges, which still exist, reports which could be used were received from eighty-two. The items for which information was obtained from these institutions were in regard to income from (a) students' fees; (b) endowments, including state or city appropriations; (c) other sources, and (d) total income. In regard to expenditures, information obtained showed the total amounts expended for (a) salaries of instructors; (b) other expenses, and (c) total expenditures.

"The eighty-two medical colleges reported total incomes ranging from \$411,570, the highest, to \$4,529, the lowest. The average for each college was \$68,277 and the grand total was \$5,598,743.

"In students' fees the income for each college ranged from \$113,523, the highest, to \$500, the lowest. The average income from this source was \$23,795, and the grand total was \$1,951,219. It will be noted, therefore, that the fees paid by medical students cover a little more than one-third of the total income of the medical schools.

"The total income, aside from students' fees, was \$3,647,524, ranging from \$329,221, the highest, down to the three which had no income aside from fees. The average income, aside from students' fees, was \$44,482.

"Included in the income obtained aside from students' fees, thirty-four colleges reported the receipt of a total income from endowments of \$1,164,602, or an average of \$34,253 for each of the institutions which reported income from this source; twenty-eight colleges reported an income from

states or municipalities amounting to \$864,285, or an average of \$30,868 for each institution.

"In regard to expenditures, seventy-eight colleges paid out \$2,985,458 in salaries, an average of \$38,275 for each of the schools reporting. The highest sum thus expended was \$139,430, and the lowest was \$3,600. The total expenditure reported by the eighty-two colleges was \$5,432,768, or an average of \$66,253 for each institution. For three colleges all expenditures were paid from students' fees and for one of them the expenditures were less than the income.

"MEDICAL COLLEGE FINANCES FOR 1914-1915.

	Total	Students' Fees	Endowment	Other Sources	Total	Salaries	Other Expenses
1.....	\$ 411,570	\$ 82,349	\$ 208,829	\$ 120,392	\$ 369,600	\$ 133,549	\$ 236,051
2.....	255,327	83,456	.....	171,871	255,327	193,064	62,263
3.....	241,333	77,059	116,018	48,256	241,333	139,430	101,903
4.....	234,303	18,242	207,635	8,426	234,303	125,377	108,926
5.....	195,869	20,850	6,305	168,714	195,869	60,304	135,665
6.....	160,996	43,176	26,458	91,362	160,996	103,444	57,552
7.....	146,681	58,675	55,340	32,666	146,675	58,675	88,000
8.....	140,084	12,000	106,340	21,738	137,243	48,221	80,022
9.....	133,046	25,206	94,260	13,580	127,347	65,810	61,537
10.....	132,414	76,750	.....	55,664	132,414	84,352	48,062
11.....	130,146	33,990	6,888	89,268	130,146	97,083	33,063
12.....	129,440	30,235	.....	90,205	129,440	118,695	10,745
13.....	128,262	13,822	38,000	76,440	128,262	70,742	57,520
14.....	127,325	14,500	110,000	2,825	127,325	65,000	62,325
15.....	125,000	45,000	80,000	.....	125,000	62,452	62,548
16.....	119,746	113,523	2,500	3,723	110,661	69,100	41,561
17.....	116,798	58,901	31,625	26,271	116,798	68,310	48,488
18.....	114,809	76,767	12,265	25,777	114,809	66,136	48,673
19.....	98,049	36,574	29,803	31,672	98,049	54,941	43,108
20.....	95,736	6,006	71,653	18,077	95,736	40,533	55,203
21.....	95,380	9,031	74,961	11,388	95,380	49,180	46,200
22.....	94,397	46,485	39,992	7,920	93,234	37,956	55,278
23.....	83,593	47,836	.....	35,757	69,187	26,173	43,014
24.....	80,429	6,849	73,580	.....	75,834	63,240	12,594
25.....	79,662	7,635	70,000	2,027	79,662	63,732	15,930
26.....	73,840	9,500	45,040	19,300	73,840	51,920	21,920
27.....	72,000	72,000	.....	.....	72,000	25,000	47,000
28.....	69,142	16,325	43,062	9,755	69,142	57,133	12,009
29.....	65,000	14,000	.....	51,000	65,000	35,000	30,000
30.....	63,208	44,149	.....	19,059	63,208	22,675	40,533
31.....	58,000	33,000	25,000	.....	58,000	32,000	26,000
32.....	57,385	25,085	3,780	28,520	43,852	24,018	19,834
33.....	56,785	54,295	.....	2,490	47,571	26,718	20,853
34.....	54,370	54,370	.....	.....	44,266	18,000	26,266
35.....	53,162	26,320	.....	26,842	53,162	.....	.....
36.....	52,875	3,375	49,500	.....	52,540	30,044	22,496

## CONFLICTS CLARIFY

	Total	Students' Fees	Endowment	Other Sources	Total	Salaries	Other Expenses
37.....	52,082	34,610	.....	17,472	52,082	25,810	26,272
38.....	52,113	32,670	15,750	3,693	62,113	29,141	22,972
39.....	50,000	4,330	28,000	17,670	50,000	26,000	24,000
40.....	48,000	10,000	38,000	.....	44,685	24,685	20,000
41.....	44,808	8,021	21,200	15,647	44,868	15,778	20,000
42.....	43,390	9,970	32,500	920	42,384	23,966	18,418
43.....	41,400	11,600	15,000	14,800	41,400	14,900	26,500
44.....	40,600	9,698	26,788	4,114	39,132	30,783	8,349
45.....	40,574	35,335	4,974	265	40,574	23,808	16,766
46.....	40,131	15,178	14,000	10,953	40,000	22,995	17,005
47.....	38,893	16,280	.....	22,613	38,893	28,967	9,926
48.....	38,456	26,030	.....	12,426	27,671	18,249	9,422
49.....	36,715	13,215	23,500	.....	32,820	24,589	8,231
50.....	36,550	10,300	26,250	.....	32,564	15,683	16,881
51.....	36,440	19,050	.....	17,390	36,440	23,160	13,280
52.....	36,426	31,750	1,944	2,732	36,311	16,708	19,003
53.....	35,215	11,840	16,222	7,153	35,215	25,287	9,928
54.....	33,885	33,885	.....	.....	18,146	15,605	2,541
55.....	33,010	22,375	.....	10,635	30,076	23,000	7,076
56.....	32,691	21,382	7,479	3,830	32,691	13,100	19,591
57.....	27,081	7,992	19,000	89	26,410	17,360	9,050
58.....	26,791	22,912	662	3,217	26,791	17,036	9,755
59.....	25,141	11,154	4,971	9,016	18,175	.....	.....
60.....	23,675	17,501	1,655	4,519	23,675	8,675	15,090
61.....	23,415	17,145	.....	6,270	22,836	8,930	13,906
62.....	23,228	10,835	.....	12,393	23,228	7,200	16,028
63.....	21,849	2,169	19,680	.....	21,849	18,680	3,169
64.....	20,683	3,683	16,000	1,000	20,683	13,300	7,383
65.....	20,000	9,000	.....	11,000	20,000	12,000	8,000
66.....	19,904	10,234	2,583	7,087	19,904	14,404	5,500
67.....	19,136	4,764	6,000	8,372	19,136	17,447	1,689
68.....	18,978	8,329	8,164	2,485	18,987	13,888	5,090
69.....	18,000	720	17,280	.....	18,000	16,200	1,800
70.....	18,000	575	.....	17,425	18,000	17,200	800
71.....	17,000	1,900	15,000	100	16,300	10,300	6,000
72.....	16,500	13,000	3,500	.....	16,500	6,800	9,700
73.....	15,307	3,688	.....	11,619	15,307	10,260	5,047
74.....	15,200	10,200	.....	5,000	15,170	5,170	10,000
75.....	14,500	6,460	8,000	40	14,500	11,500	3,000
76.....	12,400	4,859	.....	7,541	12,400	11,227	1,173
77.....	10,000	850	.....	9,150	10,000	.....	.....
78.....	9,515	3,195	.....	6,320	9,515	4,500	5,015
79.....	8,280	2,280	.....	6,000	8,260	4,260	4,000
80.....	6,080	565	5,515	.....	5,425	5,300	125
81.....	5,950	1,854	.....	4,096	5,950	.....	.....
82.....	4,529	500	429	3,600	4,500	3,600	900
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	\$5,598,743	\$1,951,219	\$2,028,887	\$1,618,637	\$5,432,768	\$2,985,458	\$2,300,023

"The total enrollment in these eighty-two medical colleges during the session of 1914-1915 was 12,976. As may be computed, therefore, the average income received from each student in tuition fees was \$150, whereas the average expenditure for each student was \$419. On the average, therefore, the cost of teaching each student last year was nearly three times greater than the amount he paid in fees in that year."

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THE COMMISSION HEARING. Page 1503.

Speaker, making following statement of fact, is "Augustus S. Downing, Esq., M.A., L.H.D., LL.D., Assistant Commissioner for Higher Education," of New York State. This statement occurred April 25th, 1916:

"Then the school must have six full-time men who devote all their time to instruction in the professional school. These men cannot practice; they are full-time men, and must be paid an adequate salary. Four of them must be paid at least \$1,200 each, and the other two must be paid not less than \$1,000 each per annum. Moreover, the osteopathic school must maintain an equipment adequate for giving instruction in the courses, AND, LIKE ANY OTHER MEDICAL SCHOOL, IT MUST SHOW A PROPERTY VALUE IN THE PLANT OF AT LEAST \$50,000. Students graduating from such registered osteopathic schools are then eligible to take the medical licensing examination in this state, AND CANDIDATE FOR A LICENSE TO PRACTICE OSTEOPATHY MUST PASS IDENTICALLY THE SAME EXAMINATION AS THAT REQUIRED OF MEN WHO ARE SEEKING A MEDICAL LICENSE AND WHO POSSESS THE DEGREE OF M.D."

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Directly apropos of above financial conditions imposed upon schools, comes evidence which we herewith submit, extracted from various statements made by various men to whom they are credited, which shows that this \$1,000 standard is not alone in one country, but that they are all in league on same basis.

Dr. Reeve, representing Ontario Medical Association, on October 22, 1915, said:

"And this in a decade within which fifty medical colleges in the United States have ceased to exist because of lack of funds to provide modern laboratory and clinical facilities.

"Only those medical schools that are directly well endowed, or are a part of or closely affiliated with generously financed universities or colleges can survive. The increased demands for higher standards in medical education, and the high cost of instruction in

the various sciences, together, have driven the medical school back to its legitimate and historic home—the university. More than fifty medical schools at the present time are connected with universities either through birth, complete amalgamation or affiliation. Those which cannot bring about this desired association must perish. All the medical schools in Canada are connected with universities.”~

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Dr. R. A. Falconer, representing University of Toronto, on October 23, 1915, said:

“The University in presenting its views before the Commissioner, does so because as an institution supported by the public funds it has a responsibility for protecting the people of the province as far as in it lies against such methods as would interfere with the people securing the best treatment that the advance of modern scientific education can provide for them. The University is maintained at large expense by the province, for medical education today requires great outlay, both for the preliminary scientific education in the laboratories and for the clinical education in the hospitals, as well as for the salaries of experts in these departments, even though the clinical work is mainly done by leading practitioners who secure only honoraria for their services.

“Any modern medical school—and they are nearly all connected with great universities today—must be very expensive, and the reason of this is because the amount of instruction, preliminary and professional, that is required for the adequate training of a medical practitioner is so lengthy and so scientific that a long course, including instruction in the best-equipped laboratories at the hands of the most scientific men, is, we think, necessary—that is, as a preliminary.”

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Dr. C. K. Clarke, representing University of Toronto, appearing also on October 23, 1915, said:

“Q. I don’t want to go into it at all. I was just asking a question which I thought arose out of what you said—that the University of Toronto was practically a state institution. There are other universities, are there not, which train, and which are not state institutions?

“A. Yes; Queen’s University and the University at London are not state institutions, but the University of Toronto is a state institution. It is governed by a Board of Governors, every one of whom is appointed by the Ontario Government, and its large endowments come from different sources of the Ontario government, and any deficiencies which may exist from year to year in receipts and expenses must be supplied by the state, if there is no other way of

supplying it, so that in fact, as well as in law, it is a state institution. The other universities are not, although they may have been assisted directly or indirectly by the Government."

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**SECOND PLOT: EDUCATIONAL SUBTERFUGE**  
GOING HAND IN HAND WITH FINANCIAL STANDARD, IN FACT BLENDING CO-ORDINATELY WITH IT, IS EDUCATIONAL STANDARD. SAY THEY, "NO MAN IS COMPETENT TO CLAIM TO TREAT SICK WHO HASN'T HAD A CERTAIN QUANTITY OF TRAINING." THEN, TO BE MORE EXACT, THEY QUALIFY HIS ACTIONS ALL ALONG LINE.

Perhaps nothing will prove that such is disposition and inclination any better than two following quotations, first of which is taken from "Current Comment" (which is an editorial) of Journal of American Medical Association of September 18, 1915. Second is from same heading, same journal, date of September 4, 1915:

**"RESTRICTED PRACTICE FOR DRUGLESS PRACTITIONERS.**

"Under the pretext that they were 'not practicing medicine,' so-called drugless practitioners have prevailed on the legislators of several states to pass laws granting them the privilege of obtaining licenses to treat the sick under educational standards that are lower than are required of physicians. In the majority of these states the law does not permit such practitioners to practice surgery or to prescribe drugs; they are supposed to limit their practice to the use of the method or system of treatment advocated by the particular cult to which they belong. This arrangement, in which the public interests are forgotten, if not deliberately set aside, is indefensible from every point of view. It is class legislation, since it provides unequal standards for different groups of practitioners of the healing art. The limitation of practice is dangerous, since those who undertake to treat the sick should be acquainted with all methods of treatment and be free to use that which meets the immediate needs of the patient—to save his life, if it is an emergency case, the prompt administration of a drug may be essential. The arrangement is a serious handicap to those drugless practitioners who honestly comply with its provisions, and places a premium on law-breaking, deceit and pretense for those who disregard the restrictions. In short, this scheme of restricted practice provides a limitation which does not limit; it adds to the confusion already existing in the licensing of physicians; it defeats the purpose of the medical practice act, and betrays the public to the hordes of those who are not qualified by training to know whether a patient is sick or well, to differentiate between diseases, to select and apply the treatment most likely to result in a cure, or to take such measure as will prevent the spread of a contagious disease to others. The only way to correct the evils of this bad arrangement, and at the same time safeguard

the public welfare, is to require every practitioner of the healing art to meet certain minimum educational qualifications by which it can be known that he has obtained a satisfactory training in the fundamental medical sciences. The interests of the public should not be pushed aside in order to favor any body of practitioners, by whatever name they may be called."

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#### "MEDICAL LICENSURE

"The responsibility for the licensing of medical practitioners has been left by the national government to the individual states; it was left to the state to establish the only legal barrier possible between the public and the thousands who seek authority to treat human diseases. Some states have provided an efficient guaranty that practitioners given the state's endorsement have secured the essential educational qualifications. In some states, however, the responsibility has been taken up in such a happy-go-lucky manner, and the legislation provided is so contrary to effective legal procedure, that the situation would be laughable, were it not for the serious menace to the public. In some states, laws have been passed, admirable in their composition and excellent in their purpose, only to be invalidated by clauses or by other laws exempting the very persons to whom the law should apply. Invariably, the exemptions are of those unable to comply with the educational requirements of the practice act and against whom the people most need protection—those who have had little or no medical training. The making of such exemptions, either by special clauses in the practice act or by laws providing special boards and lower educational standards, is clearly perverting medical licensure, so that instead of protecting the public against the incompetent, it is providing special privileges for the incompetent, untrained men and women parading as the apostles of some 'new and marvelous' form of healing. Legislators have yet to learn that the art of healing is not gained by birth or by inspiration, but by a rigid and prolonged course of training in the fundamentals of medicine. The only way to make medical licensure a real protection of the public is to provide one licensing board in each state with ample power to apply one educational standard alike to all practitioners of the healing art."

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Wanting to be a physician, here is present plan of educational standard:

1. Graduation from 9th grade.
2. Graduation from a four-years high school.
3. Two years academic degree, such as A.B.
4. Four and sometimes five years of medical college.

All of above schools to be ones they recognize as of "good standing."

At last applicant is now compelled to take at least one year internship in a hospital recognized as of "good standing."

He now appears before "Members" of State Medical Board, takes his final examinations to practice.

Wanting to be a Chiropractor and practice in those states wherein compromised legislation exists and where medical men can and do control educational standard, here is outline:

- 1st. Graduation from 9th grade.
- 2d. Graduation from a four years high school.
- 3d. Two years academic degree, such as A.B.
- 4th. Three years medical college, as recognized "of good standing by State Medical Board."
- 5th. One year sectarian, dogmatic, irregular work, in some school "recognized as of good standing by State Medical Board."

All of above schools to be ones they recognize as of "good standing."

That this standard is in vogue and that it comes direct, perhaps following evidence will more fully establish. It is extracted from American Medical Association Bulletin (January 15, 1916) under heading, "Twelfth Annual Conference of Council on Medical Education," remarks being made by Arthur Dean Bevan:

"The development OF THE LAST TWELVE YEARS in medical education in this country has been such as to make it possible to see now what the American standard of medical education is to be. The efforts of the Council on Medical Education have been directed to securing what in 1904 was described in our report to the House of Delegates as the ideal standard to be ultimately secured, i.e.:

"After a four-year high school course;

"One year of physics, chemistry and biology;

"A four-year medical course, and

"One year as a hospital intern.

"We have practically secured THE GENERAL ADOPTION OF THIS IDEAL standard as far, at any rate, as one year of physics, chemistry and biology and a four-year medical course is concerned. This has been adopted by EIGHTY-FIVE OF THE NINETY-FIVE medical schools in this country, and a large majority of our graduates serve in addition a year or more as hospital internes before beginning independent practice."



Medicine is an accumulative subject; something more is known today than existed yesterday. Little more known today added to what was believed yesterday, makes more to teach (and longer to take) tomorrow. It accumulates day by day.

We have before us an advertisement; yes, a bought-and-paid-for advertisement, of Columbia College, New York, in Scribner's Magazine, of May, 1887. At that time here was what was necessary to become a physician in good standing:

**"COLUMBIA COLLEGE, NEW YORK CITY.**

"Columbia College, chartered in 1754 as King's College, reorganized as Columbia College in 1787, now comprises six separate schools, viz.: Arts (the original college), Mines, Law, Political Science, Library, Economy, Medicine.

"School of Medicine. Candidates for the degree of doctor in medicine must have attended two full courses of didactic lectures on — 1, anatomy; 2, physiology; 3, chemistry; 4, materia medica and therapeutics; 5, obstetrics; 6, surgery; 7, pathology and practical medicine. The second of these two courses must have been given at this school during a regular session or sessions. No two consecutive courses of lectures will be held to satisfy the above requirements if the said two courses shall both have begun during the same calendar year."

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According to present concepts, *all* those earlier medical graduates are unqualified to practice and should summarily be denied their rights to experiment upon people in their short course, ignorant methods and manners. Certainly they did not know cause of *many* diseases, as understood and taught and practiced *today*. If cause is known today, then it wasn't then. What a holocaust these ignorant men must be injecting into us with their old-fogish theories and medicines. And are not physicians of today sincere and thinking solely of public weal? Then, why isn't some drastic action imperative? But, they are "regulars," irrespective of date. Even our P. S. C. training of this day and age is better than was theirs of then — but that makes little difference; kill *us now* because we differ in fundamental; "irregulars," if you please.

This advertisement cites another condition. Every school must creep before it can walk, walk before it can run. To cause Medical Department of Columbia College to take preliminary educational requirements and college training course as pre-

scribed for 1915, in 1887, would have killed them. No more successful method could have been sanctioned by legislation than to have foisted 1915 standard upon them in 1887. That is exactly what is trying to be done to Chiropractic and other non-sectarian schools, viz., in their 1887 (1915) stage of existence, force them to *medical standard* of 1915 with its long and very expensive courses.

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("The Commision Hearing.")

Quantity of proof that is possible to prove that it is duty of State Examining Board to use their position and pull as lever to swing up all they get under control, perhaps following bit of testimony will pungently manifest that such a statement is not discreditable.

It is a series of questions passing back and forth between Commissioner, His Lordship, and Dr. John Ferguson, representing Ontario Medical Association at hearing on October 22, 1915. It is as follows:

"Q. Just explain that, please. You mean that Queen's University and the Western University are obliged to have an equipment approved by the Ontario Medical Council?

"A. They have to have an equipment, not necessarily approved by the Ontario Medical Council, but an equipment that is ample to train students.

"Q. Who is the judge of that, Dr. Ferguson?

"A. The Ontario Medical Council determines whether the students can pass or not; they examine the students and test the students practically and scientifically, by written examinations, by oral examinations, and by clinical examinations conducted at the bedside, Mr. Commissioner.

"Q. Do they inspect the hospitals, or the schools, in order to see what the equipment is and what standard is being maintained?

"A. No, except as departments that must be revealed in the finished product — the student.

"Q. Then universities are allowed to provide their own equipment?

"A. Yes.

"Q. And to train in their own way? A. Train in their own way.

"Q. And the judgment of the Ontario Medical Council is passed entirely upon the results of the examinations of the men sent out from the universities?

"Q. Not from any knowledge of the conditions under which they have to study, except in a very general way?

"A. That is all; and complying with the clinical and other tests which the Ontario Medical Council lays down.

"Q. What control has the Ontario Medical Council over the length of the course in the universities?

"A. It does not control the length of the course in the university, except that it lays down its own course as being of a certain length.

"Q. I thought it was merely an examining body?

"A. Yes, it is an examining body; but you cannot get through and get the diploma from the Ontario Medical Council until you have spent five years in one of these universities.

"Q. It does prescribe the length of the course?

"A. Yes, and the standard as well. It prescribes the length and the breadth and the depth of the curriculum.

"Q. Does it prescribe the studies that have to be taken up?

"A. Yes, it prescribes the studies that have to be taken up—what the studies must cover, and for how long a period, to secure the Council's diploma.

"Q. Take chemistry as an example. I suppose it requires some training in chemistry?

"A. Yes.

"Q. Does it define it in any way?

"A. It defines the length of time and how much training must be undergone at the educational institution where the student studies in order to qualify for that examination, in addition to passing it; and the certificates must be filled in by his college registrar, showing that he has fulfilled certain obligations."

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To this time we have proven curricula of schools in Canada ARE established by examining board—not directly, but indirectly. Let us read just sufficient evidence to prove to our satisfaction that U. S. State Boards do same. Quantity of evidence is endless, but a little goes just as far as much—so long as it proves point.

In "Public Health Administration in Illinois," being Reprint No. 275 from Public Health Reports of our Government for 1915, on page 1482 we find this:

"The duties and authority of the board as prescribed by law are summarized as follows:

"To administer the medical practice and embalmers' acts which comprise the examination and licensing of physicians, midwives, and other practitioners, and of embalmers, AND TO HAVE SUPERVISION OVER THOSE MEDICAL SCHOOLS WHOSE GRADUATES ARE ACCEPTED FOR EXAMINATION, AND OF THE PRELIMINARY EDUCATION OF MATRICULATES INTENDING TO PRACTICE IN ILLINOIS."

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On page 1523 of same publication as stated above, we find following:

"Under the act of 1877 creating the board of health, that body was given the power to license practitioners of medicine and surgery. The medical practice acts were revised 1899 and have since been amended several times. The law in force at present provides in effect as follows:

"The state board of health is the supreme power for licensing physicians.

"No one may practice medicine or midwifery without a license.

"To obtain a license to practice medicine an application must be made in writing, together with proof that the applicant is of good moral character, A GRADUATE OF A MEDICAL COLLEGE IN GOOD STANDING, AS DETERMINED BY THE BOARD, and must pass an examination in those general subjects and topics, 'the knowledge of which is commonly and generally required from candidates for the degree of doctor of medicine by reputable medical colleges in the United States.'

"Those desiring to practice by any other system or science who do not use medicine, internally or externally, are to be given an examination of a character sufficiently strict to test their qualifications.

"Graduates of legally chartered medical colleges in Illinois, IN GOOD STANDING AS DETERMINED BY THE BOARD, may be granted certificates without examination.

"THE STATE BOARD OF HEALTH MAY ESTABLISH A STANDARD OF PRELIMINARY EDUCATION DEEMED REQUISITE TO ADMISSION TO A MEDICAL COLLEGE IN GOOD STANDING. For this purpose examinations conducted by the faculty or officers of a medical college are not allowed, but the diploma of an approved high school, or equivalent school carrying a four years' attendance, or a certificate to the effect that a satisfactory examination has been passed before the state superintendent of public instruction, or like officer, in studies such as are embraced in a high school course, is considered satisfactory.

"THE BOARD HAS AUTHORITY to determine the standing of literary or other colleges and schools, in order that their diplomas or certificates may be accepted AS EVIDENCE OF PRELIMINARY EDUCATION.

"Those who successfully pass the examination of the board or who present a diploma from a medical college in Illinois IN GOOD STANDING will be issued a license to practice medicine, midwifery, or other system of treating human ailments, but those who are authorized to practice other systems cannot use medicines, externally or internally, or perform surgical operations, and only those who are authorized to practice medicine and surgery may call themselves physicians or doctors."

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In "State Laws and Regulations Pertaining to Public Health," being Reprint No. 264 from Public Health Reports of our Government for 1913-14, page 433, we find this:

"Sec. 11. Any person desiring to engage in the practice of medicine or surgery or obstetrics in any of their branches in this state shall make application to said board for a license to practice medicine, surgery or obstetrics in the State of South Dakota. Such license shall be granted to such applicants who shall give satisfactory proof of being at least 21 years of age, of good moral character, on compliance with the following conditions: The applicants shall pass an examination upon the following subjects: Anatomy, physiology, chemistry, pathology, therapeutics, practice of medicine, surgery, obstetrics, gynecology, disease of the eye and ear, nose and throat, bacteriology, medical jurisprudence, AND SUCH OTHER BRANCHES AS THE BOARD MAY DEEM ADVISABLE; and in addition thereto shall present evidence of having attended four full courses of lectures, of at least twenty-six weeks each, IN A LEGALLY ORGANIZED AND REPUTABLE MEDICAL COLLEGE RECOGNIZED BY SAID BOARD OF PUBLIC HEALTH AND MEDICAL EXAMINERS, no two courses being in the same year, and of having received a diploma FROM A LEGALLY ORGANIZED AND REPUTABLE MEDICAL COLLEGE WHICH SHALL BE IN GOOD STANDING, TO BE DETERMINED BY THE BOARD, and said diploma must be submitted to the board for inspection and verification: Provided, That the four courses of lectures of six months each shall not apply to applicants graduating prior to 1898."

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On page 456 of same publication, we find following:

"All applicants for examination to practice medicine in this state who matriculated in a medical school subsequent to August 1, 1911,

must, as a prerequisite thereto, present satisfactory evidence to said board OF PRELIMINARY EDUCATION, CONSISTING OF AN ACCREDITED FOUR YEARS' HIGH SCHOOL COURSE, AND IN ADDITION TWO YEARS IN COLLEGE OF LIBERAL ARTS OR ITS EQUIVALENT.

"All applicants for examination for license to practice medicine in this state who matriculated subsequent to 1908 and prior to August 1, 1911, must present satisfactory evidence of a four years' course in an accredited high school, and in addition one year in a college of liberal arts or its equivalent."

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On page 458 of same publication, we find following:

"No medical college who accepts or graduates students without meeting the requirements relating to the preliminary education as a prerequisite to medical education WILL BE CONSIDERED IN GOOD STANDING BY THIS BOARD. All medical schools are requested to advise their students of the educational requirements of this state. Copies of medical practice act and rules and regulations regarding examination of candidates for license to practice medicine in this state may be had by addressing the superintendent of this board."

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As further proof, following sections are quoted from now (Chiropractically compromised) amended Ohio Medical Practice Act:

"Sec. 1274-5. The State Medical Board shall determine the standing of the schools, colleges, institutions or individuals giving instruction in such limited branches. If there shall at any time be such schools, colleges, institutions, or individuals giving instruction in such limited branches, the applicant for such certificate shall, as a condition of admission to the examination, produce a diploma or certificate from such a school, college, institution or individual in good standing as determined by the board, showing the completion of the required courses of instruction.

"The entrance examiner of the State Medical Board shall determine the sufficiency of the preliminary education of applicants for such limited certificate as is provided in section 1270 of the General Code; provided, however, that the state board may adopt rules defining and establishing for any limited branch of medicine or surgery such preliminary educational requirements, less exacting than those prescribed by said section, as the nature of the case may require.

"Sec. 1274-6. The provisions of sections 1268, 1269 and 1274 to 1281, both inclusive, of the General Code, shall in all respects, in

so far as the same may be applicable, govern the State Medical Board, all of the officers mentioned therein, and the applicants for and recipients of such limited certificates; provided, however, that in addition to the power of the board to revoke and suspend certificates provided for in section 1275 of the General Code, it may also revoke or suspend the certificate of anyone to whom a limited certificate has been issued, upon proof of violation of the rules or regulations established by the board governing such limited practice."

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Note ingenious grasp medical men hold on educational features of Chiropractic and all other non-medical methods, Ohio Chiropractors and others having been willing, aiding and giving consent to same. Note deep-seated and deep-rooted conviction of our above hypothesis outlined.

It might be interesting to know what these requirements are in Ohio. They are as follows, as issued by Ohio State Medical Board:

"College Standard.—Preliminary Requirements.—In accordance with the law of April 14, 1900, amended May 9, 1908, the board appointed and certified a preliminary examiner who is empowered to issue certificates to prospective matriculants in Ohio medical colleges which guarantee proper preliminary education, and which are upon (1) acceptable credentials, or (2) upon examination.

"The credentials which may be accepted are as follows: (a) A diploma from a reputable college granting the degree of A.B., B.S., or equivalent degree; (b) a diploma from a high school of the first grade, normal school or seminary, legally constituted, issued after four years of study; (c) a teacher's permanent or life certificate; (d) a medical student's certificate of examination for admission to the freshman class of a reputable literary or scientific college.

"In the absence of the foregoing qualifications, the entrance examiner may examine the applicant in such branches as are required for graduation from a first-class high school of this state, and to pass such examination is deemed sufficient qualification. Such examinations are held simultaneously in Cincinnati, Cleveland, Columbus and Toledo, and the questions submitted shall be uniform for all places. If the examination is passed and the fee of \$2.00 is paid, a medical student's entrance certificate is issued.

"A general average of 75 per cent is required. Conditions are allowed in two branches to be removed by examination before the beginning of the sophomore year in medical college."

Following article is copied verbatim from September, 1915, issue of Ohio State Medical Journal:

"Defining 'the limited branches of medicine and surgery' named specifically in the Platt-Ellis bill was not child's play. Dr. Matson and the members of the board worked several weeks, consulting dictionaries and conferred with various 'cult practitioners' to secure workable definitions of several of the 'Professions.'

"A majority of these practitioners could not define the thing they claimed to be practicing. The catalogues of their various schools were equally vague. The catalogues chiefly defined the branches 'the opportunity of a life-time to make \$4,000 a year without working.' And the more one investigates the operations of many of these ignorant practitioners the better that definition sounds.

"But it was absolutely necessary for the board to definitely and officially define the various practices, so that the practitioners after being licensed could be confined to the specific things which their license permits.

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#### "CONFER WITH DRUGLESS HEALERS.

"In a spirit of fairness to the cult practitioners, a conference was called for September 1, and on that date thirty-five representatives of the various 'limited branches' met with Dr. Matson and the members of the sub-committee which had been detailed to work out the problem — Drs. J. H. J. Upham, S. M. Sherman and L. E. Siemon.

"The conference lasted eight hours, and was entirely peaceful. Numerous 'ticklish' points were threshed out satisfactorily, and at the end the representative of the 'limited branches' tendered a unanimous vote of thanks to the board for its fairness.

"At this conference many important points were settled.

"The Board defined the term 'limited branch or branches of medicine or surgery' to mean 'those branches of medicine or surgery which provide for a specific single therapeutic measure, appliance, application, operation or treatment for the relief or cure of a wound, fracture or bodily injury, infirmity or disease, which does not involve the use of drugs, or major surgery.'

"The cult practitioners are prohibited by the law from treating infectious, contagious or venereal diseases. A regulation was adopted defining these to include those diseases which are classified as reportable by the State Board of Health.

"They are likewise prohibited from administering drugs in any form or from performing major surgery.

"The drugless healers present exhibited keen interest in the character of titles they will be permitted to assume. The important ruling was adopted that they must not in any way use the unqualified title of 'Doctor,'



'Physician,' or 'Surgeon.' Instead, the name of the branch must be used in connection, and the term 'Doctor' after the name. Example, 'John Jones, D.C., Doctor of Chiropractic'; not 'Doctor John Jones.'

"The following are the official definitions adopted and a statement of the practices permitted each class of licentiates:

"Group 1. Chiropractic is hereby understood to be the detecting and adjusting by the hand of vertebral subluxations.

"Certificates authorizing practice of any limited branch or branches of medicine or surgery, under Group 1, authorizes the holder to examine and diagnose and to assume responsibility and care of the patient. Holders of certificates of a limited branch or branches of medicine or surgery, issued under Group 1, must confine their practice to the definition of the limited branch or branches of medicine or surgery specified in their certificate.

"Those who receive licenses to practice one or more of these branches will be limited closely to the practices which are included in the definition, and will not under any circumstances be permitted to branch into the fields included in the definition of any other branch—even though the second branch be in the same grouping. For instance, a man licensed to practice spondylotherapy will be forced to confine his practice to the 'examination, by palpation, of the spinal column' for the cause of the disease, and will be likewise forced 'to treat by percussion, traction, or vibration.' He will not be permitted to administer electric treatments, unless he is also licensed as an electro-therapist, or to use hydro-therapeutic measures, unless he is additionally licensed as a hydro-therapist. He will be confined in his practice strictly to the above definition, and encroachment on other fields will subject him to revocation of his limited license.

"This point will be emphasized by the parchment licenses which will be issued by the board. They will bear in bold letters an exact statement of what the practitioner may do.

"Those Who Seek to Practice in the Future.—The board has worked out the difficult problem of establishing minimum requirements for those who seek to enter any of the 'limited fields' after October 1, 1915,—in other words, after the period for applying under the exemption clauses passes.

"It will be noted, in the following list of requirements for the various groups, that the requirements are much higher for those who seek to practice in Groups 1 and 2 than in the remaining three. Candidates, to practice limited branches in these groups, must have a complete high school course, and must have at least three years in a recognized medical school in the fundamental medical subjects, and must pass a fourth year in a cult school recognized by the board—and they are scarce.

"The reason, of course, lies in the fact that those who seek to practice under the first two groups set themselves up as 'healers,' ready and anxious to treat every condition under the sun, excepting those which are specifically prohibited by the law. The chiroprodists, masseurs and optometrists do not take in such a wide field.

"The detailed list of the preliminary requirements, as announced by the board, is as follows:

"Those who make application to practice any limited branch or branches of medicine or surgery under Groups 1 or 2 (after October 1, 1915), must:

"(a) Submit documentary evidence of preliminary education received prior to entering upon the study of a limited branch of medicine or surgery equal to that required of medical students prior to entering upon that study of medicine, such requirements to be passed upon by the entrance examiner of the state medical board, and in accordance with Section 1270, General Code of Ohio.

"(b) Submit documentary evidence of satisfactory completion at a recognized school of a course of study consisting of the following:

"1. Anatomy, Physiology, Chemistry, Bacteriology, Pathology, Hygiene, and Diagnosis, prescribed by the State Medical Board as the minimum requirement for medical colleges, which course must cover a period of at least two years of thirty-two weeks each, exclusive of holidays and vacations, in two separate years.

"2. A third year of study at a recognized school, including Preventive Medicine, Symptomatology, Diagnosis, Pathology and Therapeutics as it relates to the appropriate limited branch of medicine or surgery, certificate to practice which is applied for.

"3. Pass a licensing examination, conducted by the State Medical Board, after having met the requirements of (a) and (b), and after having satisfied the board concerning the character and moral standing."

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As still another instance of this same control of American Medical Association, by and thru its State Medical Boards, let us review some portions of "*Information Blank for Drugless Practitioners*," sent forth by "Board of Medical Examiners of State of California," as a result of Senate Bill No. 433, otherwise known as Benson Bill, which was an Act amending Medical Practice Act during Legislature of 1914. This bill was a compromise between Medical Board and Chiropractors (?), much as existed in Ohio.

"No application that is not complete in every detail will be acted upon by the board. Mutilated applications not accepted. All data must be on one application blank. All applications must be completed on forms furnished by the board and in the manner prescribed thereon."

We quote above to more expressly show that California has profited by experience of Ohio. Oswalt, of Ohio, instructed members of Ohio Chiropractors Association to amend application blank by inserting words "according to law" after words "adver-

tising practitioner," so as to make it read "advertising practitioner *according to law*." California would not stand such bickering. It was "come clean" or not at all.

That educational standard is in vogue in California — and there is some distance between Ohio, Pennsylvania, Michigan and California — is evident from following statements copied from same "Information Blank":

**"Examination, Requirements for —**

**"Preliminary Education.** Same requirements as grouped under preliminary education required of applicants for examination for a physician's and surgeon's certificate, including one year of college grade in physics, chemistry and biology, provided the applicant expects to later qualify for a physician's and surgeon's examination or certificate.

**"Professional Education.** An applicant for a drugless practitioner certificate must show that he has attended two courses of study, each such course to have been of not less than 32 weeks' duration, but not necessarily pursued continuously or consecutively, and that at least ten months shall have intervened between the beginning of any course and the beginning of the preceding course.

"Before 1918, in lieu of diploma or diplomas, where applicant can show to the satisfaction of the board he has taken courses in a school or schools approved by the board, in the case of applicants for drugless practitioner certificates, a course of sixty-four weeks, consisting of not less than 2,000 hours, it being required that all applicants shall have received a passing grade, applicants shall be admitted to examination for the drugless practitioner certificate. Applicants for examination for a drugless practitioner certificate must file satisfactory evidence of having pursued in a legally chartered institution, approved by the board, a course of instruction including the following minimum requirements:

**"FOR A DRUGLESS PRACTITIONER CERTIFICATE.**

**"Group 1 — 600 hours.**

Anatomy, 485 hours; Histology, 115 hours.

**"Group 2 — 270 hours.**

Elementary chemistry and toxicology, 70 hours; Physiology, 200 hours.

**"Group 3 — 235 hours.**

Elementary bacteriology, 40 hours; Hygiene, 45 hours; Pathology, 150 hours.

**"Group 4 — 370 hours.**

Diagnosis, 370 hours.

"Group 5—260 hours.

Manipulative and mechanical therapy, 260 hours.

"Group 6—265 hours.

Gynecology, 100 hours; Obstetrics, 165 hours.

"Total, 2,000 hours."

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*Examination.* Applicants for a drugless practitioner certificate must pass a written examination in following subjects:

1. Anatomy and histology.
2. Physiology.
3. General diagnosis.
4. Pathology and elementary bacteriology.
5. Obstetrics and gynecology.
6. Toxicology and elementary chemistry.
7. Hygiene and sanitation.

Following closely upon heels of Information Blank is "Board of Medical Examiners" — "Class BB" — "Application for a Drugless Practitioner Certificate."

Several times thruout this lecture you will be aware that we have spoken of \$1,000-per-year-per-student financial standard to get schools and their graduates into "Class A." Now note that "Drugless Practitioner" of California is relegated to "Class BB."

Says this "Application" further:

"I hereby apply for a drugless practitioner certificate in accordance with the Medical Practice Act of California, and the rules of the Board of Medical Examiners."

Above phraseology includes "Advertising" just as much as Ohio, but California Board was shrewd enough to blanket purpose in such a manner as will fool 99 per cent of applicants.

"Certificate of Applicant. — I further certify that I am not suffering from any ailment communicable to others and that prior to this date I have not practiced as an itinerant healer or practitioner, nor have I been connected directly or indirectly with any concern, company, institute or advertising specialist or specialty, and I furthermore agree, should a certificate be granted me, that I will not become an itinerant healer or practitioner, nor become connected either directly or indirectly with any medical concern, company, institute or advertising specialist or specialty." (This is immediately followed by an affidavit to be sworn to before a Notary.)

Only purpose of quoting above is to show connection between intention of Ohio and California. Coincidence? Accident? Or is it a co-operation on, to and for a definite end? Is there a National Trust?

At last our medico-chiro applicant is now compelled to take a medical examination on all "common fundamentals" before medical board, to show his fitness to be a chiropractor and adjust vertebral subluxations.

Above is standard of Ohio, Pennsylvania and Michigan, Colorado and California. The P. S. C. is *not* recognized as of "good standing" with any of them. Reason is apparent. We do not require our students to spend three years in a medical college before they may come here to be a Chiropractor.

It can be seen the \$1,000 a year and standard outlined above work hand in hand. They make restrictions so high that it is impossible for a poor boy to take such a course; so long that few rich men's sons will waste that amount of time — therefore, who goes into it? It cuts down enrollment. *That's what's wanted.*

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("The Commision Hearing.")

Appearing directly in line with above evidence, following is further demonstrative of fact that intentions are to raise all educational standards to a prohibitive elevation.

Dr. Reeve, appearing in behalf of Ontario Medical Association on October 22, 1915, said:

"Q. Speaking generally, Dr. Reeve, and from the point of view of the Ontario Medical Association, and taking into consideration the fact that some men are practicing now, as you think, improperly — because you do not believe in their particular ideas — is there any objection to their being allowed to practice these things, provided they have been educated, as you think, in a proper way, and have passed what you think is the proper examination for a regular physician?

"A. Well, my Lord, I can answer your question in a word. That while every licentiate of the province has to secure his license from the College of Physicians and Surgons of Ontario — which is a guarantee of a good preliminary general education, and a thorough scientific and professional training during a course of five years, and a searching examination before he gets his license — he has a free hand as to how he shall practice medicine.

"Q. Well, take a concrete case. Supposing that he sets himself up as an osteopath, has the Ontario Medical Association anything to urge in the public interest, or in any other interest, against his being allowed to do so?

"A. If he sets up as an osteopath, my Lord, having the qualifications of the College of Physicians and Surgeons, as already given, he at once ostracises himself from the profession proper. But without calling himself an osteopath he would have a free hand to practice medicine in whatever way he thinks best and in the best interests of his patients.

"Q. Supposing he believed in osteopathy, and practiced it without calling himself an osteopath, what then?

"A. He would be quite at liberty to do that, my Lord, if he were a licentiate of the College of Physicians and Surgeons."

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Dr. McKinnon, appearing in behalf of same as Dr. Reeve, same date, said:

"Q. Perhaps Dr. McKinnon can give me an answer to my question. My question, Dr. McKinnon, was, take the case of the osteopaths, if they take the regular course and pass the regular examinations, is there, from your point of view, any objection to their practicing osteopathy if they so wish?

"Dr. Angus McKinnon: There could be none, my Lord. The fundamental doctrine that I think is essential is that they primarily have an efficient education in all these branches that Dr. Reeve has called attention to. If they have all these, I doubt very much if they would ever practice osteopathy.

"Q. Supposing they were mistaken, or you were mistaken, and they did practice osteopathy and advertised themselves as osteopaths, what then?

"A. It is contrary to all medical tradition to advertise at all.

"Q. That is not the point at all, whether it is contrary to medical tradition. The question is, supposing it is done, I want to know if you have any objection to it, and if so, what your objection is founded on. What I really want to get at is whether the regular medical profession object to unlicensed or irregular osteopaths, or to osteopathy root and branch, so that there is no possible compromise. Is there any objection to osteopaths being granted freedom to practice what they wish, provided they have taken the prescribed medical course?

"A. I would agree to let them have perfect freedom of practice, provided they had the necessary preliminary education and had passed the required examination.

"Q. You think that would cure them before they began?

"A. Yes, I am sure that would cure them, my Lord. I might say that no case of that kind has arisen; I am offering that merely as my own opinion."

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Dr. Anderson, appearing in behalf of same as Drs. Reeve and McKinnon, same date, said:

"In no sense of the word may the profession of medicine in Ontario be considered a close corporation.

"The Commissioner: Except in the sense that it prescribes, doesn't it, a certain length of course?

"Dr. Anderson: Yes, my Lord.

"Q. That in itself, of course, limits the number who can take advantage of it; and then it prescribes a certain examination?

"A. Yes, my Lord.

"Q. So that unless you enter through these two doors you cannot practice medicine?

"A. No. What I meant was there is a common door that all those who wish to practice have to enter."

Dr. Howitt, representing the same interests, same date, said:

"Personally, I have no objection to an osteopath or any other 'path,' provided they are forced to comply with the same requirements as the medical men; otherwise, in my opinion, we are bound to have confusion."

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Dr. Hamilton, representing same interests, same date, said:

"Dr. H. J. Hamilton: Your Lordship, after listening to what has already been said, I may say that I am heartily in accord with the views which have been expressed by the different speakers this morning. I do not know that I can add much at the present time, but I shall be pleased to answer any questions you may have to ask me in reference to the Ontario Medical Association, the Ontario Medical Council, the Academy of Medicine, and their functions and their relationship to medical education.

"The Commissioner: Do you agree with the other speakers, Dr. Hamilton, that if a proper training and certificate is obtained, that you have no objection to those so trained and certified practicing osteopathy, or any other branch of healing they like, calling themselves 'Doctors'?

"Dr. Hamilton: I am sure, my Lord, that if they take the prescribed course, when they have spent five years in study and qualifying, and are licensed by the Ontario Medical Council to practice medicine, they are at perfect liberty to practice what they wish.

"Q. Is that because you think by that time they will not desire to practice anything but regular medicine? A. I think, your Lordship, they will practice medicine, and that is all.

"Q. Are there any instances where any regular practitioner has adopted Chiropractic or osteopathy as his sole practice? A. Your Lordship, I am not prepared to say, but I have been led to believe that there is one gentleman—a graduate in medicine—in this city confining his attention to osteopathy.

"Q. Solely? A. I could not say solely, my Lord."

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Dr. R. A. Falconer, appearing in behalf of University of Toronto, had following to say on same subject, on October 23, 1915:

"We come, then, to this result: That those other methods of healing can only be practiced safely by those who have a thorough scientific education, in which a knowledge of the structure of the whole body and physiology and pathology are included, and the clinical application of these in actual diagnosis. And that they also should have a knowledge of bacteriology and the clinical methods of diagnosis such as are given in a modern hospital, and for this purpose a shorter course than we offer is not sufficient. If a man takes a course as we regard necessary in the interests of the public, and which the University is supplying at great expense, then, after becoming a duly qualified medical man, with his scientific methods, realizing the whole situation, he may practice such methods as he pleases without endangering the health of the patient by rough and ready application and treatment which may happen to be successful in some cases and which may be injurious in others.

"I want to make my point clear on the basis of this thorough education. We say that it requires at least five years' training, and then, after he has completed his course of training, a man may go out and use his methods of healing; and in applying them he understands the body, he understands the conditions of health, and he will not be likely to produce the injurious results that would follow from methods that may have some good in them, but which, if applied without due knowledge, would bring about a great deal of harm."

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Dr. Wishart, representing Academy of Medicine, appearing in behalf of same contention, on November 3d, 1915, said:

"Q. Does the body you represent think that in addition to what has been laid down—that is the regular training that is now prescribed—that there should be prescribed something further and beyond that, with which a man should be compelled to comply before he is permitted to specialize at all?



"A. Yes, certainly. The education is not sufficient, your Lordship.

"Q. Then where would these irregular practitioners come in; they specialize in one particular thing, do they not?

"A. I presume they do, sir; I don't know.

"Q. Would they come under any such law if it were passed?

"A. They would have to qualify themselves, or go out of business.

"Q. During the session of the Commission, at which representatives of the Ontario Medical Association were present I asked the question as to whether they would be satisfied to have anybody who had the regular medical training as now prescribed practicing anything he liked—osteopathy or anything else—and the answer was that they felt there would be no possibility of such a man practicing anything but regular medicine after he had taken the full medical course, but that if he did practice anything else he would have the knowledge which would make him fully competent.

"A. I am not contradicting that, your Lordship.

"Q. This seems to be a further development—that even if a man has the regular medical training as now required he would not be allowed to specialize in anything without further restriction; that is, some further course of training and some further examination.

"A. I am simply pointing out, your Lordship, that the specialist as we know him in the medical profession—that is, the educated specialist—has found it necessary, absolutely necessary, to equip himself and qualify himself to do the work, to spend from two to three or four years or more in acquiring the education necessary to enable him to successfully practice the special line of work that he has undertaken. There are no men who take up specialist work without acquiring that knowledge, and without spending the necessary time to qualify themselves for the work. At the present time they can qualify and practice, and nothing is said against it, and possibly it would be a long time before anything was said against it; but the education is still necessary, and when men attempt to do this work without having first received the proper education and being properly qualified, it results, as I have already stated, in much harm being done.

"Q. Must it not be left altogether to the attitude of the individual himself? If a man wants to specialize and is really fond of his profession, he certainly will not fall behind, if he wants to become a thorough master in any department of the work. You can count on his doing what is necessary. Do you think it advisable that the state should in any way limit his activities, Dr. Wishart?

"A. I don't know that the state would do it in any case."

J. G. Fitzgerald, M.D., speaking upon same question, on November 3d, 1915, said:

"A. For a man before he can take his degree in medicine, whether it be Bachelor of Medicine or Doctor of Medicine. I speak of that first, your Lordship, because the point of prime importance is the necessity for adequate training for a man, regardless of what particular branch of healing he proposes to practice after he has graduated. There should be one requirement for all, whether they propose to practice spinal adjustments or whether they propose to practice medicine in accordance with the teachings of the majority of practitioners. I hope I have made that point clear to your Lordship.

"It is absolutely unfair to the men who take that course to permit practitioners of other sects and cults to practice their various methods of healing without first having received that necessary preliminary education and instruction which the students of regular medicine must obtain."

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Dr. J. W. S. McCullough, appearing on November 5th, 1915, and presenting views of Provincial Board of Health and Department of Registrar General, upon this question, says:

"These are as follows:

"(1) The standard of medical education should be maintained and with the advance of scientific knowledge increased.

"(2) Those entering upon the study of medicine should have a good preliminary education, equal at least to honor matriculation.

"(3) The course of study should embrace at least five years of nine months each.

"(4) Since it is admitted that the fundamental principles of medicine embrace a thorough knowledge of anatomy, physiology, biology, physiological chemistry, bacteriology, pathology, diagnosis, as well as clinical experience, these subjects must be included in the course of study, no matter what form of treatment the physician desires to pursue.

"(5) There should be but one standard of qualification for those who desire a provincial license.

"(6) No one should be allowed to practice medicine in any shape or form unless he has pursued the required course of study and passed the prescribed examinations."

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That limit to be placed upon education is only a question of addition of new standards, year by year, is perfectly apparent as

we read comments as they multiply. Quotation which herewith follows was taken from Chicago Tribune of February 8th, 1916, and speaks for itself as to origin:

"The twelfth annual conference of the council on medical education was held at the Congress hotel yesterday.

"In opening the session the chairman, Dr. Arthur Dean Bevan of Rush Medical College, referred to the rapid progress that has been made in medical education, and said in part:

"We now have as the standard of medical education a seven year course of study, as high a standard as adopted by any country in the world. Today an undergraduate can now obtain a better training in medicine in the United States than in England, Germany, France or Austria.

#### "HOSPITAL LEGAL.

"Steps are being taken to make the hospital (interne) year a legal requirement to practice medicine.

"In each medical center, with two or more medical schools, these should be brought together in a single co-operative scheme of medical education. In the evolution of medical education in this country the medical profession has done more to place itself on an efficient basis than any other profession or field of effort. We are now confronted with the problem of placing the profession on a basis of efficiency and preparedness, not only for peace but for war, and steps are initiated at this meeting to accomplish this.'"

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Too much education makes a fool of a man. We have hundreds of thousands of walking, talking, *educated fools*. They would be more practical if they did not know so much.

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#### "AN INVISIBLE GOVERNMENT," A SILVER SPOON PROFESSION

THE COMMISSION HEARING. P. 1569.

Dr. Herman Biggs, Commissioner, New York State Department of Health, in speaking on this question, says:

"Q. Would you mind expressing your opinion on the broad, general question, Dr. Biggs? We have in Ontario a situation where they are not now allowed to practice at all, and I am anxious to learn, from those who have studied the subject, whether, if the field were open here, it would be advisable to adopt such a law as you have covering osteopaths and others, or whether in your opinion it would be wise to relax the present stringency of, say, the New York State law, which provides for certain qualifications as to academic and medical training.

"A. I am not quite clear as to that, Mr. Commissioner. I think, however, that some sort of compromise has to be reached, BECAUSE WITH THE CONSTANTLY-INCREASING STANDARDS OF PRELIMINARY EDUCATION REQUIREMENT FOR THE PRACTICE OF MEDICINE THE NUMBER OF PHYSICIANS IS STEADILY DECREASING, AND THE COUNTRY DISTRICTS ARE GOING TO BE DENUDED OF MEDICAL MEN.

"Q. Is that due to the attractions of city practice, or to other conditions, Dr. Biggs?

"A. It is this, Mr. Commissioner. You cannot expect a man who has spent four years at college, and then four or five years in a medical school, and two years in a hospital, to go out into the country districts and practice medicine for, say, \$1.00 a call. When he has spent about ten years in securing his education, AND INVESTED ANYWHERE FROM \$8,000 to \$10,000, he is not going to the country to work under the conditions existing there. It is a very hard life. We find that this situation applies with reference to our Health Officers. A great many of our Health officers in the local municipalities are men of 65, 70 and 75 years of age, and we have several over 80 years of age, and many of them remain Health Officers simply because there is no one to take their place."

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Intent of this higher education is further proven by Dr. Bigg's further evidence from page 1571.

"A. They would not have the title, and I think it would be a distinct disadvantage when it came to a question of competition. If we had some such arrangement as that, then osteopaths or chiropractors or anyone you like—it does not matter what you call them—would be licensed. I think it is immaterial what a man calls himself, provided he has first had a proper medical training—whether it be osteopath, homeopath, chiropractor, hydropath, or electropath does not really matter, so long as he is properly trained; but the facts, so far as our experience goes, ARE THAT AS SOON AS YOU REQUIRE THAT MEN SHALL BE PROPERLY TRAINED, THEN THESE VARIOUS SECTS OR CULTS IN MEDICINE GRADUALLY DISAPPEAR. ECLECTICS, FOR EXAMPLE, HAVE PRACTICALLY GONE OUT OF EXISTENCE, AND HOMEOPATHS ARE DECREASING IN NUMBER, OSTEOPATHS ALSO."

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THE COMMISSION HEARING. Page 1553.

Dr. Copeland, whom we next quote, is "Dean, New York Homeopathic Medical College and Flower Hospital, New York":

"DR. COPELAND: Mr. Commissioner, I have found this to be a very interesting discussion. THE FACT IS, THAT WE HAVE

GONE ON RAISING THE STANDARDS OF MEDICAL EDUCATION, QUACKERY HAS THRIVEN IN SOME QUARTERS AS NEVER BEFORE IN THE HISTORY OF MEDICINE. I hold in my hand a chart, showing graphically the medical cults doing business in one of the great States of the Union. There are 31 of these cults practicing in one state."

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"Higher Medical Education" gives rise to curricula and curricula gives rise to college faculties and college faculties give rise to college presidents, and then we are in trouble for sure. College presidents might be all right if they had time to spend on an education of student, but they are so busy hobnobbing with rich men, state officials and politicians who might be induced to contribute endowment, hold them in office or vote for them, that all uplifting and soul-stirring activities in behalf of sick are excluded from their lives.

Then, all that gives rise to twisting curricula about to conform with notions of truth of said rich men who have been so busy gathering money and goods, to conform to theories of voting strength of said state officials who have been so busy building up their "fences," to tit-tot-tat with beings and baubles of said politicians who have been busy gathering power to dispense with it for power, that they have had no time to do anything else. And when curricula are annually properly twisted, set up-side-down, turned topsy-turvy, it is realized that these aforesaid rich men, state officials and politicians are most highly educated phenomena in country, which leaves nothing but to bestow honorary degrees upon rich men who haven't earned them or state officials who don't deserve them or upon politicians who can't use them, which give rise to notion among penetrating youths that "HIGHER medical education" often borders on farcical, fanatical and ludicrous.

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#### THE COMMISSION HEARING.

Appearing before The Commission in Council Chamber at Kingston, Ont., on April 10th, 1916, was G. Y. Chown, in behalf of Queen's University. Minutes cite a contention that arose between Toronto University having more educated applications for students of medicine than has Queen's. Mr. Chown comes to

rescue of their position with following statement of facts, which are in substantiation of position we have constantly assumed for years, viz.: that it is better to have delivery with little education than much education with no delivery; to have a common mind able to do than to have educated fools unable to deliver sufficient to EARN their salt:

"MR. G. Y. CHOWN: May I be permitted, your Lordship, to say a few words on a matter which I think has a bearing upon this question, and that is the student body that comes to Queens. It may be of interest to you to know that the vast majority of young men coming to Queens COME TO US FROM THE FARMS. We think that as a result of that we get more work and a higher percentage of work. WE PERHAPS DO NOT GET THE HIGHEST INTELLIGENCE, BUT WE GET A BETTER PHYSIQUE IN OUR STUDENTS WHO COME FROM THE FARMS. We find that they are more earnest. Another thing that strikes us with regard to our student body IS ITS COMPARATIVE POVERTY. They come to us for a number of reasons, one of which is that board is comparatively cheap here. Up until recently the average board of a student was \$3.50; it is now \$4.50 per week.

"The following list of the occupations of the fathers of the students registering at Queens University for the first year, Session 1915-16, may be of interest to your Lordship:

"FARMERS, 113; merchants, 40; clergymen, 13; doctors, 8; civil servants, 8; teachers, 8; retired, 7; engineers, 6; managers and superintendents, 8; commercial travelers, 5; lawyers, 5; carpenters, 4; builders, 4; mechanics, 4; independent gentlemen, 4; manufacturers, 6; railway clerks, 4; laborers, 3; express company agents, 3; captains, 3; fishermen, 3; machinists, 3; book-keepers, 2; insurance agents, 2; sailors, 2; glovers, 2; lumbering, 2; contractors, 2; gardeners, 3; millers, 2; hotel keepers, 2; railway engineers, 2; blacksmiths, 2; school inspectors, 2. Total, 287. And one each of the following: W. I. planter, superintendent of cemetery, chairmaker, organ builder, printer, grain-buyer, barber, mail carrier, drayman, cutter, railway conductor, conveyancer, journalist, surveyor, electrician, linen-lapper, cheese-buyer, textile designer, veterinary surgeon, piano worker, bridge inspector, basket-maker, translator, painter, plumber, cashier, cattle dealer, dentist, milk vendor, metal worker, railway dispatcher, postmaster, civil service commissioner, nurseryman. Total, 34. Grand total, 321.

"Another matter that I think is of interest in this connection is what is called the student government, which has been developed at Queens, and which I think is quite an element in what we give to our students. If our instruction in the sciences and anatomical and medical courses is as good as elsewhere, WE THINK THAT OUR STUDENTS HAVE SOMETHING MORE IN THE WAY OF INDIVIDUALITY. OUR STUDENT BODY IS MUCH MORE HOMOGENEOUS THAN ANY OTHER STUDENT BODY IN CANADA, and there are very few in the United States to equal it. It may be interesting to you, sir, to know that this student government is

carried on to the utmost extent. I have been connected with the University in one way and another since the year 1880, and in that time there has been only two cases of students who have been dealt with other than by their peers.

"The point I am making, sir, is this: That we at Queens think — and feel that we have good reason for thinking — that our students HAVE A PRACTICAL TURN. THEY GET ON THEIR FEET QUICKER; THEY TAKE A GREATER INTEREST IN THE AFFAIRS OF THE COUNTRY. Take a little example that just occurs to me. A number of years ago the members of the American Geological Society, and the Minister of Education, ran a party up to Cobalt. We had not as many students in the mining department at that time as either McGill or Toronto, but the thing that struck the Minister of Education was that two-thirds of the men in positions at Cobalt in the early stages of that place were Queens men.

"What I am trying to point out to you, sir, is THAT THE INFLUENCE AND THE FREEDOM AND THE DEVELOPMENT OF LIFE WITHIN THE UNIVERSITY HAVE GIVEN THESE MEN INDIVIDUALITY AND DETERMINATION, SO THAT THEY TAKE A PRACTICAL HOLD WHEN THEY GO OUTSIDE. It may seem to you that I am going far afield. I am not dealing with the technical side of the question at all, BUT SIMPLY WITH THE KIND OF STUDENTS AND THE DEVELOPMENT THAT WE GIVE TO THEM AT THE UNIVERSITY."

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### "AN INVISIBLE GOVERNMENT," A SILK STOCKING IDEA

That I am not alone in this concept of medical men knowing many things that are not so, is also a matter of evidence, of which following is a sample. What is quoted is a "Discussion," following a lecture, entitled, "A Proposed Undergraduate Course in Clinical Physiology," as delivered before *Council* on Medical Education and as reported in *A. M. A. Bulletin* of January 15, 1916:

#### "DISCUSSION.

"Dr. William T. Councilman, Boston: For many years I have endeavored to make a close analysis of students as they come to me AND IT ALWAYS IMPRESSES ME HOW VERY CHAOTIC MEDICAL EDUCATION IS. THE AMOUNT WE THINK WE HAVE TO TEACH HAS INCREASED SO ENORMOUSLY THAT WE CONSTANTLY ATTEMPT TO TEACH TOO MUCH. It is true that students should go into the medical school with a scientific method of study inculcated in them, but they do not. They are most inadequately trained when we get them. THEY COME TO US FROM COLLEGE KNOWING NOTHING THOROUGHLY. THEY HAVE GONE OVER A WIDE COURSE IN EDUCATION; THEY HAVE BEEN TAUGHT THIS, THAT AND THE OTHER THING, BUT

HAVE ACQUIRED NOTHING THOROUGHLY. If they come to us with a scientific method of acquiring knowledge, methods of observation, methods of analysis, it would be of great advantage to them and to us. But they do not, and the first thing we have to do is to inculcate such methods into them. The teaching of the class of men in the first two years, THEREFORE IS VERY UNSATISFACTORY. WE ARE NOT GOING TO MAKE IT MUCH MORE SATISFACTORY BY INCREASING THE DEMANDS. IT IS NOT THE AMOUNT BUT THE KIND of training which they should have before they come to us. THIS INEFFICIENT method of education, I think, goes right straight down to the home, to the primary school and secondary schools and the colleges.

"Dr. Frank Billings, Chicago: Our point of view is modified by the fact that most of us have been engaged in teaching and in the practice of medicine for many years. I wonder how many of us take the viewpoint of the student. WHAT DR. COUNCILMAN HAS SAID IS TRUE, THAT OUR CURRICULUM IS A STUFFING AFFAIR, and I am afraid, as Dr. Barker has pointed out, we do not think of the student quite as a human being. We lay out a line of work for him to do each year and without respect to the individual's caliber or his environment in private life, WE FORCE HIM to take so much of the pabulum. SOMETIMES I THINK THE DIET IS NOT WELL BALANCED."

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To say that only fools issue from "inferior schools" (accepting standard of today as superior) is to condemn each and every discovery of anatomy, physiology, medicine and surgery; individually and collectively, of these many years past.

What has been done can be done again. If from poor schools come good men, then from future "poor" schools can also come more good men.

If schools of past have been "inferior," can we say every patient these graduates consulted died from ignorance? If we even admit some of them got well, we are conceding as much about them as we can about any of the superiorly trained men of present hour. Those of past did not claim to cure all, neither do those of present. Average seems to be same, all of medical history accepted.

If statistics of Public Health Service are any criterion there is more sickness per thousand of population today than ever before in our history. Data upon that subject are cited in our lecture, "Problems."



As directly bearing upon this question, following article is copied from Medical World of recent date:

"'WEAK MEDICAL SCHOOLS AS NURSERIES OF MEDICAL GENIUS.'

"By ETHAN H. SMITH, M.D., San Francisco.

"We quote the above text from the Journal of the A. M. A., February 25, 1911. The sermon which followed was by Mr. Henry S. Pritchett of New York.

"Commenting on Mr. Pritchett's article, we shall try to show that we believe the good gentleman's intentions were good, but his logic is bad. The gentleman discusses the Report on Medical Education in the United States and Canada. He says: 'Those who have represented the Carnegie Foundation in this matter have sought to examine such criticisms and comments in a fair and reasonable spirit. They have felt pleased that the essential facts stated in the report have received no serious contradiction.'

"The 'essential facts' were so few that there was little along that line to conflict. The many statements which were not facts were so voluminous as to make up a goodly proportion of the volume of very abridged data entering into the report. It would have been sad had there been nothing in the report to be pleased about. The medical schools over the entire territory covered by the meteoric examiner are highly amused at the spectacle of a layman, without knowledge or qualification of a medical or surgical nature, presuming to attempt this work. His one qualification seems to have been that he is Docton Simon Flexner's brother. That the Carnegie Foundation should presume to send out a layman on such an errand shows a total lack of understanding on the part of 'those who have represented the Carnegie Foundation' of the work to be accomplished, or any sane idea of how to go about such work.

"It would have been much cheaper, just as effective and less open to criticism, had 'those who have represented the Carnegie Foundation,' sent out return postal cards over the same field. The data could not have been more meagre, less cut and dried or more incorrect than much of the material gathered by the good and great doctor's brother.

"We are at a loss to know what Mr. Henry S. Pritchett means by a commercial medical school and, also, by a poor school. We have never seen a combination of a commercial with a medical course. Then he refers many times to a 'poor school.' We have not known that a 'poor' school was necessarily a bad school, nor that a rich school is always a good school.

"In regard to Dr. Simon Flexner and his alma mater, it may have been 'difficult to misrepresent the facts in the case more completely than they have been misrepresented here,' but Mr. Pritchett has surmounted the difficulty most admirably. He does not enlighten us by acknowledging that in 1889, when the University of Louisville graduated our good and great friend Simon, no medical school in America or any other land had a laboratory, worthy of the name, for bacteriology or pathology. This school was doing what the rest were doing until progress of medical science made it necessary to advance. He unwittingly belittles Simon Flexner, for he gives

all the credit to the school and none to 'simple' Simon. We who know and admire and respect Simon Flexner believe that he built up and helped Johns Hopkins Medical School by far more than that school ever helped Simon Flexner. This is axiomatic, because Simon Flexner had a magnificent intellect, regardless of near kinship, which enabled him to go onward and upward if he only had a place to work and the paraphernalia with which to work. Mr. Pritchett in his endeavor to throw a bouquet to Johns Hopkins has forgotten that Simon Flexner made his reputation as a pathologist at the University of Pennsylvania and not at Johns Hopkins. We feel that the University of Pennsylvania may object to being tacitly dubbed a commercial school. The University of Pennsylvania risked its good and honorable reputation in order to give Simon Flexner a chance to make good. The University of Louisville gave him his first training and gave him enough to enthuse him with a desire for more. We do not believe that Dr. Simon Flexner himself would willingly besmirch his alma mater. Louisville has produced many distinguished men in the history of American medicine. Johns Hopkins is a good and great institution, but it has a long road to travel TO CATCH LOUISVILLE, in this regard, even at the present date.

"To show that the individual and not the school has much to do with the achievement of the man, we have only to look back to John Hunter and Ambroise Pare. Both considered illiterate by their confreres. The confreres are forgotten. John Hunter and Ambroise Pare are immortalized.

"Everybody knows that there was never an American medical student with a better preliminary training than Oliver Wendell Holmes. Even Harvard is willing to have the lay public revere and respect Dr. Holmes as a great literary genius, instead of giving him his justly merited credit for having been one of the first men to discover the transmissibility of infection. Instead of praise, he was called a 'whippersnapper,' a 'puppy' and a 'lunatic' by his confreres, and the insult has never been resented by his own school.

"No medical school, however big, good, rich, great or powerful, even yet, or ever will, make a great medical man out of any individual lacking extraordinary intellectual ability. It is just as impossible to do it as it would be for a school of vocal music to make a singer out of an individual without a voice for singing.

"The late Edward G. Janeway and Dr. Wm. H. Welch both graduated from a school which at the time of their graduation and for many years afterward was in the list dubbed 'commercial.' That school has since merged into the other kind of school. This school will have a hard time to again produce two such excellent men. The school was fortunate in matriculating two such students. The splendid intellect of each man, together with earnest and tireless application, made each man justly celebrated. He rose above his alma mater by force of intellectual attainment. The school provided neither man with a brain.

"Preliminary training nor schools will amount to anything without good material on which to work. University and college education has not in the past either commanded or merited the respect of the general public that

it should. It is a poor measure of intellect. The large number of brainy men who become great in the fullest sense of the word, and who were never in a college, proves this.

"We all know that Mr. John D. Rockefeller and Mr. Andrew Carnegie started out as highly educated and scientifically trained individuals. No taint of commercialism ever darkened their careers. We do not wonder that they have established two such wonderful, non-commercial institutions as the Rockefeller Institute for Original Research and the Carnegie Foundation. Their preliminary training was such that they could not help but do it. We wonder why they waited so long in the doing of it.

"We cannot close without paying a just tribute to that most versatile and excellent gentleman, Dr. Geo. H. Simons, editor of the A. M. A. Journal and secretary of the A. M. A., which some Godless fellow has referred to as the 'American Medical Assassination.' His preliminary training must have been superb. His career before the 'reformation' was most brilliant. Since his post graduate, noncommercial training up to ten thousand dollars a year, he has developed into a medical genius which even his alma mater must respect.

"Some of our friends have begun to name schools 'commercial medical schools.' They have forgotten to tell us what they call the other medical schools. However, it seems that the difference between the two is this: the noncommercial school is the highly financed, highly capitalized, highly incorporated and political school, the school on a wholesale basis with modern trust methods applied to it. The 'commercial' school seems to represent the retail side of the question and is none the worse for being out of politics and out of the clutch of the element which today seeks to rule or ruin our medical schools and our medical profession, while doing so under the guise of benefactors."

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While it may appear that former statement is far fetched, we can further produce their own evidence and prove it is more true than at first supposed. Great aim and object of "An Invisible Government" is to force all therapeutics into control of medical trust. This is done, via university. It is demand that all colleges become parts of universities. University is a part of the state, therefore removed from being a private institution.

Irrespective of superior qualifications; irrespective of financial ability, following shows that merit does not count.

Following quotation is taken from March 15th, 1916, A. M. A. Bulletin; statement being made by Dr. Arthur Dean Bevan, Chr., of 11th Annual Conference on Medical Education, at their meeting held in Chicago, February 16th, 1915:

"The New York Homeopathic Medical College and Flower Hospital, which was in the A group, has eliminated itself from that group by announcing that it will not require the year's work including college courses in the pre-medical sciences. That announcement automatically eliminates this school, since, by instruction from the House of Delegates of the American Medical Association, no school shall be retained in Class A which does not require this pre-medical preparation. There are three or four other schools which are IN A PECULIAR SITUATION in that they are still owned by CERTAIN MEDICAL MEN AS A MAN MIGHT OWN A CORNER GROCERY STORE, AND ARE CONDUCTED AS PRIVATE VENTURES. At the Atlantic City meeting last year the Council was instructed by the House of Delegates NOT TO CLASSIFY HIGHER THAN CLASS C ANY SCHOOL THAT IS OWNED AND CONDUCTED AS A PRIVATE VENTURE. These three or four schools, therefore, will automatically be placed in the Class C group unless within a limited time a complete reorganization in this respect is made."

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### "AN INVISIBLE GOVERNMENT" AND ITS GLASS HOUSE

In going thru Carnegie Report, we note much sport made of "correspondence" schools and courses; attempt by A. M. A. to subdue them as being not only an inconsistent, but an incompetent method for "other practitioners" to teach each other their work.

In the "S. C. A. News" for September, 1915, which is presumed to be published by the State Charities Aid Association, but in reality is published in the interests of organized medicine (previously referred to), we note this statement:

"Course for Health Officers.—New York University has started a correspondence course for health officers. The course begins on October 1st."

That the correspondence course is becoming vogue seems an issue. We have but lately learned that the University of Wisconsin is taking its education to its people by means of Extension Courses; that Rush Medical College has its two year preparatory courses arranged for correspondence work; and now comes the information, as contained in the Chicago Record-Herald of February 8th, 1916, during the convention of the Council of Medical Education of The A. M. A.:

## "WANTS MEDICAL PREPAREDNESS.

"I shall urge this body to do everything in its power to advance preparedness of the profession in case of war. Particularly I shall recommend the appointment of army physicians to a national examining board whose examinations of volunteers for the medical reserve corps of the army shall be acceptable to the army.

"THE GOVERNMENT MAINTAINS AT FORT LEAVENWORTH A CORRESPONDENCE SCHOOL FOR MEMBERS OF THIS CORPS. This school gives as effectively as possible the training that ordinary practitioners lack in order to be valuable to a field army. They must know camp sanitation, practically a new subject to most of them, the laying out of field hospitals and the duties and rights which go with their rank as members of the army. The actual treatment of sick and wounded is only one side of a soldier-physician's work."

And they make sport, in others, of that which *they* do.

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At no time and in no way does The P. S. C. raise a voice against Chiropractors being properly qualified as such. The P. S. C. has done more to place Chiropractic on that high plane, voluntarily and without being forced by legislation, than all other Chiropractic institutions combined. Chiropractors who have been educated in a Chiropractic school can understand peculiar necessities of a *Chiropractic* education, and would work to end of seeing that before Chiropractors could get state licenses to practice Chiropractic, they are properly educated for its characteristic work. But we cannot understand how any medical man or set of medical men, whether they have or have not the robe of state authority, would be capable of knowing what constitutes *even elementary necessities* of being a Chiropractor, much less being capable of saying whether his education is complete or incomplete, whether his school is capable or not, hence *their opinion is biased*.

System of medical education, as high as it is, without making it higher, seems destined to manufacturing pedants; one who knows little that is practical, but pushes education to front for education's sake, not to curing of sick. What we need is practical physicians — people who can know little, but make good use of it to end for which it was destined. Certainly no greater cry exists than an improvement upon modern medicine, theoretically as evidenced by their constant experimentation; practically as

evidenced by their inventing one thing, denouncing it and trying another.

Practically all that is learned in first year is forgotten before second school year begins. At beginning of second year practically all learned at beginning of first year is forgotten. Thus it goes. No one realizes this so much as medical student who takes five years of work, only then to find it necessary to cram backwards for five years to be able to pass his high-training-pedagogical-examination. In one year in practice he forgets 90 per cent of what he learned in five years. At end of five years he has been toned down to know that certain few things work and other many things can't work, thus he becomes of value to society only in ratio as he learns to forget that which he has been diligently taught.

Of what use, then, is it? *That's what we would like to know!*

The P. S. C. wants to go on record in this article as saying we believe in high qualifications, but we want them *Chiropractically* so. We are favorable to any such reasonable action that may be taken by *Chiropractors*, but we are unalterably opposed to any form of legislation which places that arbitrary form of power in hands of any set of medical men, for, in every instance, they will endeavor to place "Chiropractic" where medicine is, as a question of theory, study, subjects, hours, schools, etc., which becomes an unjust ruling against Chiropractic *as an art, science and philosophy*; the quicker aims to kill its original inception and conception; and, the sooner murders it as a numerical competitor. The two methods are at such variance, antipodal, direct opposites, that neither is capable of passing upon qualifications of other.

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### "AN INVISIBLE GOVERNMENT," WORSE DRESSED-DOWN THAN DRESSED-UP

Apropos, we herewith show that these statements are not idle; they are based on concrete evidence; medical boards *have* done what we fear *they will*, by quoting an editorial from The Evening Times, of Newark, N. J., Thursday, May 6, 1915:

#### "WHAT CHIROPRACTIC REALLY MEANS.

"There seems to be a good deal of rejoicing in certain quarters over the fact that the State Board of Education has refused to give

the New Jersey College of Chiropractic the right to give degrees to its graduates. A good deal of this rejoicing and some criticism seems to have come from ignorance of Chiropractic. In fact one newspaper publishes a lengthy editorial in which the editor states that the Chiropractor is a corn doctor.

"It is unlikely that this misinformation came from the members of the State Board of Education. It is more likely to have come from Medical Men, who have been fighting Chiropractic and other forms of drugless healing.

"This misinformation may be general. For the benefit of those who do not know, let it be stated here that Chiropractic is the most decided advance in drugless healing and bloodless surgery that has been made in the past twenty years. Its principle is not to heal disease, but to correct subluxations of the spine, thus allowing nerve force to function properly. Once normal nerve force is restored, Nature will do the healing and do it quickly. And the best of all, Chiropractic cures where medics and others utterly fail.

"Dr. F. W. Collins, dean of the New Jersey College of Chiropractic, says he intended to get a bill before the Legislature giving his college the right to confer degrees; that he was advised to apply to the State Board of Education, and he did so; that action was held up until the Legislature had adjourned, and that he considers the whole program a trick to delay him at least a year. There are five medical doctors on the State Board of Education.

"The folly of allowing medical doctors to pass on the qualifications of Chiropractors, Chiropractic colleges, eclectic, homeopaths, Christian Scientists or any other kind of practitioners is so luminous that a blind man can see it."

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## SUPER-SUPER SCHOOLED MORE-DIGNITY-AND- LESS-SICKNESS-PHYSICIAN, IS NOT IN GOOD FAITH

This educational standard is *not* —

*First*, because they *want* men of literary attainments, but because cost of an increased classical education *helps decrease number of medical students*. Average medical student today is a man who dug potatoes yesterday or drove a delivery team and wants to better himself. There being so many of one and few of other, he goes from one to other. Higher cost, longer time, more it decreases number of self-made, self-earned applicants going into it. Plan is well laid! No matter how essential one medical education was, no matter how many lives one M.D. would save, if it were selling for \$8,000 and it took ten years to get it, how many would buy it?

*Second*, because they need more and better-educated physicians to succeed where before, because of their short and cheap training, they failed; but that in raising quality and cost they add time, which increases that cost, *and thus again reduces number*. Longest and loudest hollerers for more time and cost today, among medical ranks, are those who graduated from night schools or short terms, earned money day times to live it out, and passed State Medical Boards by exemption rather than by meritorious examinations.

*Third*, demanded because of the ignorance of the past, but because it fits in with financial standard, *thus aiding to decrease number of colleges who can prepare them*. Ninety-five per cent of successful physicians in city and village today are short-termed men, graduates of what would be classed as *very* inferior schools now. We don't see any difference between M.D. of one place or another, except that in city, with long-time, high-brow, high-fee M.D., it is more surgery; and in country, with short-time, level-head, consistent-fee M.D., it is more common-sense.

All of this increased cost and lengthened time will result in son of rich man being our future physician; in money class professionalism having ascendancy in medical matters in this country. It is well known that virility comes from common people; thus degeneration is upon us when wealth attempts to establish a truth.

(We have purposely refrained from quoting from Carnegie Report on this educational standard, as it is voluminous and essence in evidence should do as well, as we believe statements above are common and well known facts to those who are at all interested, which none will dispute.)

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### THIRD PLOT: LEGAL SUBTERFUGE

As financial and educational standards go hand in hand, so does composite, financial and educational standard go with legal standard, inasmuch as that which is established in one is in both and both are incorporated into power which is given to State Medical Board, that they may make a statute to see that it is enforced or find reason why.



Do not understand us to say that State Medical Board would do anything quite so raw as to ask legislature to give them a statute which says, in substance, that educational standard for medical and sectarian colleges must cost \$1,000 per student per year. It is, tho, given in a manner quite more delicate, finesse, if you please. *State Examining Board is given power to pass upon schools "of good standing," and they are instructed by "Members" higher up to recognize only Class A, and Class A is an arbitrary product of A. M. A., so in effect you get same net result as tho it were done in that bold and raw manner.*

DO NOT AGAIN UNDERSTAND US TO SAY STATE MEDICAL BOARD WOULD PUT IT IN PLAIN ENGLISH THAT THEY WOULD NOT LET ANY MORE PRACTICE IN FUTURE EXCEPT AS THEY GRADUATED FROM CERTAIN SCHOOLS, WITH CERTAIN COURSES AND CERTAIN DEGREES, AS OUTLINED ABOVE IN EDUCATIONAL QUALIFICATIONS. IT IS, THO, GIVEN YOU TO UNDERSTAND JUST AS PLAINLY AND JUST AS STRONGLY, THAT WHEN THESE GRADUATES OF ANY OTHER THAN COLLEGES MEETING THESE EDUCATIONAL REQUIREMENTS, APPEAR BEFORE THEM FOR EXAMINATIONS FOR LICENSES FOR RIGHT OF PRACTICE, AND ARE "FLUNKED" TIME AND TIME AGAIN, AND CERTAIN SCHOOLS ARE "PLUCKED" WITH LARGEST PERCENTAGE OF ITS GRADUATES, AND THEN THESE CERTAIN "INFERIOR" SCHOOLS ARE PUBLICLY BRANDED, IT CAN BE SEEN THAT THEIR OPPORTUNITY FOR GETTING AHEAD IS MIGHTY POOR. THEIR FUTURE IS BASED ON THEIR PRESENT ATTENDANTS GETTING LICENSES. THUS DOES STATE MEDICAL BOARD, WITH FINESSE, CONTROL EDUCATIONAL STANDARDS OF COLLEGES; NOT DIRECTLY, BUT INDIRECTLY.

You say, "a brain is a brain, a faculty member is a faculty member, and it would be beneath the action of Ohio State or any other Medical Board to belittle any man with their examinations who has had the education. It would be reasonable to suppose that a student and a faculty member can get together anywhere at any time and under any circumstances, and so long as he proves he has knowledge necessary to gain a license." This is not true. A. M. A. has seen fit to classify medical schools (and

Chiropractic is now "limited medicine and surgery" in Ohio) over which it has legislative control according to quantity of various attributes which they think essential, into Class A, Class B, etc., based upon their professorships, number of other instructors, number of students, annual budget, buildings, equipment, etc., and how large an endowment deficit they are financially capable of taking care of *with least tuition to student*.

Last mentioned statement will be denied, and rightly, for they do not place that all-essential fact in bold manner as we have. They will judge everything by former conditions; to get former, tho, latter has to be a reality, *for student goes to that school where he gets most for least*, or where state or endowment pays most, all of which can only be brought about by deficit of state appropriation, or endowment methods, or both.

So far as Ohio State Medical Board is concerned, The P. S. C. is now placed on an equal basis with Rush Medical College, no lesser a consideration being given one or other. Laboratory branches are most liberally provided for on Rush University grounds; laboratories are complete in number and equipment and each is manned by a full staff, all members of which are engaged in investigation as well as in teaching, most of which have been built by John D's millions. We have not such a financial advantage. They have dissection upon any number of bodies. *We cannot learn anatomy in this most thoro manner because Iowa disposes of its bodies only to those institutions recognized by law. To import bodies from outside states is a penitentiary offense.* Suppose Ohio State Medical Board says, before The P. S. C. can get into Class A, to be recognized by them, we must spend \$50,000 for a chemical laboratory, another \$50,000 for a dissection building, etc., then we must at once find some good liberal stage angel or our boys must stay out of Ohio. This, then, meets their desire, viz.: *to reduce number of practitioners so they can step up one licensed regular practitioner to at least 1,500 or 2,000 people*, where it is approximately 1 to every 490, including irregulars. This shuts down competition, increases quantity of fees, and Problems 1, 2, 3, 4 and 5 have been solved satisfactorily to medical men.

DON'T UNDERSTAND US TO SAY THAT THIS REDUCTION OF COMPETITION IS DONE IN SUCH A BOLD MANNER AS TO REFUSE OUR GRADUATES ADMISSION

TO EXAMINATION; NOR IS IT SO RAW AS TO TURN DOWN THEIR RIGHT TO PASS ENTRANCE EXAMINATION FOR LICENSE; NOR IS IT SO CRUDE AS TO DISCRIMINATE AGAINST THEM BECAUSE THEY ARE CHIROPRACTORS; NOR IS IT SO APPARENT THAT THEY WOULD MAKE EXAMINATIONS FOR CHIROPRACTORS HARDER THAN FOR MEDICAL MEN—IT IS DONE BY DISCRIMINATING AT SEAT OF LEARNING, BY REFUSING TO ACCEPT AS FIT TO TEACH THAT INSTITUTION OF "LIMITED MEDICINE AND SURGERY," WHICH MUST RUN SOLELY ON ITS TUITION FOR A LIVING, IN FAVOR OF THOSE INSTITUTIONS WHICH HAVE AN ENDOWMENT OF \$1,000 PER HEAD PER YEAR AND ONLY GET \$200 PER HEAD PER YEAR AND PAY DEFICIT OF \$800 PER HEAD PER YEAR OUT OF ENDOWMENT, AND THEREIN HAVE A MUCH GREATER EQUIPMENT—THERE IS WHERE REAL DISCRIMINATION COMMENCES AND ENDS; THEREFORE DESIRE TO CONTROL EDUCATIONAL QUALIFICATIONS, WHICH COULD NOT BE DONE, EXCEPT AS MEDICAL BOARD ALONE HAS FULL POWER.

Bearing in mind concluding statement of paragraph gone before, now note evidence which sustains it. In 2-26-'16 edition of Journal of A. M. A. under heading, "Annual Congress of Medical Educational, Public Health and Medical Licensure," in its division "Federation of State Medical Boards of the U. S.," Dr. George H. Matson, Secretary of Ohio State Medical Board of Columbus, Ohio, said:

**"REGULATION OF DRUGLESS PRACTITIONERS.**

"Dr. George H. Matson, Secretary of the Ohio State Medical Board, Columbus, Ohio: Laws to regulate the practice of medicine ARE LARGELY MATTERS OF EDUCATION. Advancement in existing medical practice laws SHOULD BE ANTICIPATED the same as we anticipate progress in other educational laws. There should be no place for special privileges. The right to treat human ailments should be given only to those who by an educational test have been proved to be properly qualified. The best method of meeting present conditions is to provide for the regulation of all who in any way practice the healing art. Having BEGUN with the RESTRICTIVE plan which has led to multiple standards, we should now provide not only for present BUT ALSO FOR FUTURE PRACTICES. The Ohio State Medical Board obtained advance informa-

tion last year that two or more bills were in preparation for introduction which would, if enacted, establish other standards for medical practice in Ohio. To preserve the integrity of our own medical practice act, further legislation was obtained authorizing the State Medical Board also to examine and register all persons desiring to practice a limited branch or branches of medicine or surgery, and to establish rules and regulations governing such limited practice. Holders of limited practitioners' certificates are prohibited from treating infectious, contagious and venereal diseases, from subscribing or administering drugs or performing major surgery. Certificates must be recorded with the probate court the same as those of physicians and surgeons, AND MAY BE REVOKED FOR the same reasons, and also for VIOLATIONS OF THE RULES AND REGULATIONS ESTABLISHED BY THE BOARD GOVERNING THE PRACTICE. The definition of the practice of medicine is unchanged, AND THE PENALTY FOR VIOLATION REMAINS THE SAME and the fee for examination the same. Reciprocity is provided for. WE ARE NOT PREPARED IN OHIO TO STATE DEFINITELY WHETHER OUR RECENT ENACTMENT WILL PROVE A SUCCESS OR FAILURE. SINCE THE LIMITED PRACTITIONERS HAVE AGREED TO THE (A. M. A.) EDUCATIONAL PROGRAM ADOPTED, WE CANNOT BELIEVE THAT WE SHALL SUFFER AS MUCH DURING THE NEXT TEN YEARS AS WE HAVE DURING THE PAST TEN." (Thus, admitting that there will be less "irregulars" to make them "suffer" with. They CONTROL "the next ten years," or 20 years; of this there is no doubt; a position which those of us who know are frank enuf to admit.)

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If Medical State Boards, working in absolute conjunction with divisions of "Council of Medical Education" and "Council of Medical Legislation" of American Medical Association, can gain control of educational methods and educational institutions of non-medical systems of United States, they are then in a position to force them to reach same high medical, financial, buildings, teaching, deficit, complex standards, and thus kill practitioner of "limited medicine and surgery" by killing institution teaching these branches of "limited medicine and surgery" one by one, with same complexities that are killing medicine and its practice.

That there can be no question of this intention is further manifest by following statement quoted from Chicago Evening American of February 6th, 1916, comment being part of an article following a meeting of COUNCIL of Medical Education of A. M. A.

"UNIFORMITY THROUGH FEDERAL LEGISLATION OVER REQUIREMENTS FROM DOCTORS APPLYING FOR LICENSES TO PRACTICE, HAS LONG BEEN SOUGHT BY THE AMERICAN MEDICAL ASSOCIATION AND THE FEDERATION OF STATE BOARDS OF MEDICAL EXAMINERS.

"THE BOARD ALSO RECEIVED A PETITION FROM THE ILLINOIS OSTEOPATHIC ASSOCIATION, REQUESTING THAT THE STATE BOARD RAISE THE STANDARDS UNDER WHICH OSTEOPATHS PRACTICE, AND TO REVISE UPWARD THE REQUIREMENTS FOR PREPARATORY TRAINING OF OSTEOPATHS."

It is plainly evident that killing mania of physician for sectarian is not confined to Ohio or Pennsylvania, for here comes Oregon with a bit of evidence that is directly along lines with which we are concerned.

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### "AN INVISIBLE GOVERNMENT" — HOW "INVISIBLE" BECOMES VISIBLE

If it will be noted very carefully, evident intent of all medical lobbyism is hoginistic to the limit, if it is possible to put it over. Where there is a straight Chiropractic bill and board, and it is possible, it will be waylaid and a straight medical bill and board substituted. If Chiropractor is on job this won't occur. Then there will be an attempt to retain power, but "grant" a Chiropractor on Medical Board — a composite board. If this fails, then Chiropractor may have his straight board, provided they "will accept some few educational requirement amendments that medical men want to introduce into Chiropractic bill."

Game at this stage is this: they wanted to kill all in Oregon at this time. That failed, they couldn't curb them. They were then compelled to submit certain amendments which, while it would let all in state now in, it would kill all future products.

Oregon Medical Society let Chiropractic bill finally stand as introduced — when they found they couldn't kill it — they asked privilege of introducing two simple amendments. Chiropractors looked them over, saw they didn't interfere with *their* right to practice *now*, therefore sanctioned them. Both sides inserting them, they passed.

Here are those amendments:

"Sec. 6 (c) The schedule of minimum educational requirements to enable any person to practice Chiropractic in the State of Oregon shall be as follows, to-wit: Group 1, 120 hours; chemistry 120 hours. Group 2, 645 hours; anatomy 510 hours, and histology 135 hours. Group 3, 340 hours; toxicology 40 hours; minor surgery 40 hours, and physiology 260 hours. Group 4, 395 hours; hygiene and sanitation 125 hours; pathology 270 hours. Group 5, 340 hours; diagnosis 340 hours. Group 6, 260 hours; Chiropractic theory and practice 260 hours. Group 7, 300 hours; gynecology 105 hours, and obstetrics 195 hours, making a total of 2,400 hours."

And this simple sentence inserted in Section 7:

"and who shall show satisfactory evidence of having graduated from a chartered Chiropractic school or college whose requirements for graduation are not less than the requirements prescribed in subdivision C of Section 6 of this act."

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To get this matter clear, suppose we quote Section 7 as Chiropractors originally had it:

"Section 7. All Chiropractors practicing within the State of Oregon one year previous to the passage of this act, and who shall present satisfactory evidence of having so practiced for such a time, shall be granted a license without examination . . ."

To get insert clear in your mind, we shall quote Section 7 as amended at request of medical men and granted by Chiropractors — it being understood, of course, that you remember that this insert refers to Sec. 6 (c) and that you bear in mind that was other one of only two amendments they offered, and that you will compare change in Sec. 7 with addition of Sec. 6 (c) as you read this:

"Section 7. All Chiropractors practicing within the State of Oregon one year prior to the passage of this Act and who shall present satisfactory evidence of having so practiced for such a time, and who shall show satisfactory evidence of having graduated from a chartered Chiropractic school or college whose requirements for graduation are not less than the requirements prescribed in subdivision C of Section 6 of this Act, shall be granted a license without examination, upon the payment of a fee of \$10.00, provided that application be made within sixty days after the taking effect of this Act, and said application be accompanied with \$10.00 and with evidence of good moral character."

Average Chiropractic Legislative Committee have idea that so long as they save "the straight Chiropractic Board" for Chiropractors, they have done their duty and promptly proceed to let "Invisible Government" have rest of Bill to do with as they please.

This is a double edged sword. Medical men knew that if Chiropractor kept Board they could amend "the Bill" to make it useless; that if he got "the Board" they could make it inoperative in "the Bill," so they had us coming or going, and safe in making or accepting either. They had nothing to lose and everything to gain in either event.

Chiropractors at large seem content to hold fast for "that Board," but overlook value of amendments in "the Bill." Oregon is a citation of this theory. Chiropractors have possibilities of a straight Chiropractic Board providing they can meet medical amendments of "the Bill." Medics finally granted them "the Board," but amended their Bill by slipping in Sec. 6 (c) and a few "stray words" in Sec. 7.

Two things must be zealously guarded by Chiropractors—Bill and Board. You cannot neglect either, for amendments can be slipped in "*the Bill*" which will make "the Board" inoperative, as in Oregon. Or they can slip in amendments on "*the Board*" which will make "the Bill" inoperative, irrespective of how good, and Oregon is again an example.

Oregon now has "*a Board*," but which in future will be a dead number, because of "the Bill." Oregon now has "*a Bill*" which is a dead number because of "the Board." They were caught napping. They screwed their eye close to "*the Board*," thereby losing sight of "the Bill." Chiropractors must not concede anything vital on either Bill or Board; if they do they are lost coming and going.

That enormity of this act might percolate correctly, let us compare these hours (Sec. 6 C) with minimum requirements of Board of Regents of New York State, which has long been regarded as *most rigid* in United States. (In discussing this question of "hours," that there might be no misunderstanding, The P. S. C. and New York "hours" are 60-minute or academic hours. If by "hours" Oregon is interpreted to mean "a recitative or study period" or "a class session of 30 minutes or less," then in justice

to The P. S. C. every figure given should be multiplied by two.) At same time, we give a comparison with what The P. S. C. is giving, same subjects and hours considered, in its three year course, as you may see what is and is not.

Subject	N. Y. Hours	Oregon Hours	P. S. C. Hours
Chemistry .....	240	120	200
Anatomy .....	480	510	195
Histology .....	120	135	196
Toxicology .....	None	40	None
Minor Surgery .....	50	40	None
Physiology .....	210	250	150
Hygiene and Sanitation .....	60	125	60
Pathology .....	270	270	.....
			Clin. 195
Diagnosis .....	30	340	.....
			Anal. 168
Chiropractic Theory and Practice .....	.....	260	867
Gynecology .....	60	105	None
Obstetrics .....	130	195	None
Same subjects alone only considered .....	.....	.....	.....
	1,650	2,400	2,031

Note again, that before any Chiropractor who has practiced in Oregon "one year prior to passage of this Act" can continue to practice he must possess a diploma from a *Chiropractic* school or college that teaches above preliminary subjects as per hours given. The P. S. C. has highest standard of *any* "Chiropractic school or college"; we have greatest number of hours of any, yet we fall far short of *that* standard. We do not teach obstetrics, minor surgery or toxicology, *as required by law*, viz.: a lying-in hospital and ward, actual delivery, etc. Neither can this be until such times as we shall have a hospital in connection, where prospective mothers may be taken care of accordingly.

If The P. S. C. cannot teach such a course, then no other can. If The P. S. C. boys can't meet present requirements of Oregon, then no other can. There is no Chiropractor who has such a preliminary education unless he be a medical man who has since studied Chiropractic, and this permits only a medical-Chiropractic Board to sit in judgment on all others.



Any Chiropractor who comes, *since passage of Act*, must also have these subjects and hours as a *preliminary*, hence it can be seen that if no "*Chiropractic school or college*" is teaching according to above, then there can't be a "*Chiropractic school or college*" diploma to show, hence he can't even get in Oregon under these circumstances.

But, say you, if he hasn't had these subjects, or enough hours on some of them, he can go to a *medical college* and fill in difference. This is impossible. Law, as amended, says he must have a "diploma from a school or college of *Chiropractic* teaching a course that complies with Part C of Section 6 of this act." There is only one other possibility, viz.: that some medical college change its name to that of a "*Chiropractic school*" to meet these requirements, and we doubt much whether such will occur, and if they did it wouldn't provide for those now in Oregon "one year previous to passage of this Act."

As a matter of fact, Chiropractor desiring to practice Chiropractic in Oregon must have 750 more hours on preliminary non-Chiropractic subjects than does medical man desiring to practice medicine in New York State. Putting it another way, a physician desiring to practice medicine in Oregon would be required to have 750 more hours than he would have to have to practice medicine *on same subjects* in New York State. Or, putting it still another way, licensed medical practitioner in Oregon could practice Chiropractic in Oregon (by right of priority) with 750 less hours of preparation, same subjects considered, than Chiropractor would be required to have.

Section 6, parts b and c, can be literally and legally construed to mean: That, as a Chiropractor now approaches this Chiropractic Board for an examination to secure a license, he "shall" take an examination from this Board on subjects as listed in Section 6, Part b, *but*, before he can take *this* examination he "*shall*" present credentials and other data to this Board that he has taken certain other and *additional* preliminary "minimum" educational requirements" which are particularly specified in Section 6, Part C, and hours on each therein become an integral part thereof which is *not* subject to equivalents or other qualifying conditions to be made by Board.

Medical men, seeming to think that all above was not yet water-tight, not all-inclusive, conclusive and exclusive, saw fit

at last to introduce an amendment to Section 7 which prevented *any possible misconstruction to anything quoted or stated in above paragraph*. They possibly thot something might occur, hence, to prevent it, added amendments, which make it, to our notion, beyond all dispute, and upon which, it will be evident, suits can be started.

**"Section 7. All Chiropractors practicing within the State of Oregon one year prior to the passage of this Act, and who shall present satisfactory evidence of having so practiced for such a time, and who shall show satisfactory evidence of having graduated from a chartered Chiropractic school or college, whose requirements for graduation are not less than the requirements prescribed in subdivision (C) of Section 6 of this Act, shall be granted a license without examination. . ."**

Literally construed, above Section 7 says:

**"Any Chiropractor who is a graduate of a school which teaches a two year course of nine months each, and who has been in practice in Oregon one year prior to the passage of this Act and who can prove that he was in practice one year prior to its passage and can show that he has actually attended a Chiropractic school or college which taught all the subjects as listed in Section 6, subdivision C, for the number of hours therein specified, shall be granted a license without an examination."**

Further construed, it obviously says opposite thing on same provisos, with exception that if you have come into state within last year, or some time within one year previous to passage of this Act, *then you must take an examination*. Section 7 has to do with what is necessary to get a license *with* an examination *and without* examination, but in that wording it ties up *every future Chiropractor in Oregon*, for particular reason that there isn't nor has there been a single "*Chiropractic school or college*" which has been teaching *all* those subjects with hours as required *now by Oregon law* to be a prerequisite to lead to an examination as specified.

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## "AN INVISIBLE GOVERNMENT" DEMANDS DOMINATION

MAJORITY CONTROL OF VOTE OF MEDICAL BOARD  
GIVES THEM NECESSARY POWER TO MAKE SUCH  
RULES AND REGULATIONS AS ESTABLISH A PRE-  
LIMINARY EDUCATIONAL REQUIREMENT—WHAT YOU  
SHALL HAVE BEFORE YOU ARE EVEN ENTITLED TO

ASK PERMISSION TO TAKE STATE BOARD EXAMINATION FOR A LICENSE TO PRACTICE. BY THIS SAME EXERCISE OF POWER THEY CAN INCORPORATE INTO THOSE RULES AND REGULATIONS STANDING OF SCHOOL FROM WHICH THIS MAN COMES; WHETHER HE IS A \$4,000 FOUR-YEAR MAN OR NOT, THUS DETERMINING EQUIPMENT OF SCHOOL, ITS LABORATORIES, ITS FINANCIAL INVESTMENT, ITS FACULTY, ETC., AD INFINITUM, THUS MAKING SCHOOL FIT OR UNFIT ACCORDING TO JUST OR UNJUST ARBITRARY USE OF THAT POWER. BY THIS SAME EXERCISE OF POWER THEY CAN MAKE ANY AND ALL BUT HIGHEST STANDARD GRADUATES FLUNK OR FAIL TO PASS STATE BOARD'S FINAL EXAMINATIONS. IT IS AN ESTIMATED AVERAGE FACT THAT BUT TWENTY-FIVE PER CENT OF APPLICANTS APPLYING TO ALL STATE BOARDS HAVE BEEN PASSING WITHIN LAST FIVE YEARS, PURPOSE BEING TO REDUCE INCOME INTO STATES.

You are now reading and you have just passed that bit of our story which proves to you that power, resting in hands of State Medical Boards, has been used viciously and to detriment of "irregular," thus actually, (not theoretically) stifles progress in healing art. Possible doubt in your mind is, as to whether such power NOW rests in their hands; whether legislatures have seen fit to give them such unrestricted, unsupervised, unquestioned, arbitrary display of authority over which there is no tribunal. You are in serious doubt whether an executive body makes rulings which are, in effect, legislative enactments! Let us see!

In "Public Health Administration in Toledo" same being Reprint No. 284 from Public Health Reports of 1915, on page 6, we find following:

"Powers and duties. — The board of health is given the authority by statute to promulgate regulations for its own government and for the control of disease and the betterment of the public health. Regulations intended for the general public when 'adopted, advertised, recorded, and certified' as are ordinances of municipalities, must be recognized by the courts as having the same force as ordinances adopted by the council. For violation of any such regulation there is provided a fine of not to exceed \$100 or imprisonment not to exceed 90 days, or both."

In "Public Health Administration in Illinois," same being Reprint No. 275 from Public Health Reports of 1915, on page 1523, we find following:

"Under the act of 1877 creating the board of health, that body was given the power to license practitioners of medicine and surgery. The medical practice acts were revised 1899 and have since been amended several times. The law in force at present provides in effect as follows:

"The State board of health is the supreme power for licensing physicians.

"No one may practice medicine or midwifery without a license.

"To obtain a license to practice medicine an application must be made in writing, together with proof that the applicant is of good moral character, A GRADUATE OF A MEDICAL COLLEGE IN GOOD STANDING, AS DETERMINED BY THE BOARD, and must pass an examination in those general subjects and topics, 'the knowledge of which is commonly and generally required from candidates for the degree of doctor of medicine by reputable medical colleges in the United States.'

"Those desiring to practice by any other system or science who do not use medicine internally or externally are to be given an examination of a character sufficiently strict to test their qualifications.

"Graduates of legally chartered medical colleges in Illinois IN GOOD STANDING AS DETERMINED BY THE BOARD may be granted certificates without examination.

"THE STATE BOARD OF HEALTH MAY ESTABLISH A STANDARD OF PRELIMINARY EDUCATION DEEMED REQUISITE TO ADMISSION TO A MEDICAL COLLEGE IN GOOD STANDING. For this purpose examinations conducted by the faculty or officers of a medical college are not allowed, but the diploma of an approved high school, or equivalent school carrying a four years' attendance, or a certificate to the effect that a satisfactory examination has been passed before the State superintendent of public instruction or like officer, in studies such as are embraced in a high school course, is considered satisfactory.

"THE BOARD HAS AUTHORITY to determine the standing of literary or other colleges and schools, in order that their diplomas or certificates may be accepted AS EVIDENCE OF PRELIMINARY EDUCATION.

"Those who successfully pass the examination of the board or who present a diploma from a medical college in Illinois IN GOOD STANDING will be issued a license to practice medicine, midwifery, or other system of treating human ailments, but those who are authorized to practice other systems can not use medicines, exter-

nally or internally, or perform surgical operations, and only those who are authorized to practice medicine and surgery may call themselves physicians or doctors."

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In "Public Health Administration in West Virginia," same being Reprint No. 252 from Public Health Reports of 1915, on page 208 is found following:

**"GENERAL POWERS AND DUTIES.**—The original act of 1881, organizing a State board of health, has been amended and reenacted from time to time by the legislature, granting additional powers and imposing other duties, with the result that at the present time but few State Health organizations have reposed in them greater authority in certain health matters than the State board of West Virginia. The legislature has, however, failed to provide an adequate force with which to execute health laws to the best advantage.

"The general powers and duties of the board may be divided broadly into two classes: (a) Advisory, investigative, and supervisory, and (b) REGULATIVE AND COMPULSORY. These powers and duties are as follows:

"(a) Advisory and other similar powers and duties:

"(1) To advise the executive and legislative authorities and the people of the State in questions involving the protection of the public health within the State.

"(2) To take cognizance of the interests of the life and health of the inhabitants of the State.

"(3) To make or cause to be made sanitary investigations and inquiries RESPECTING THE CAUSE OF DISEASES, especially epidemics, endemics, AND THE MEANS OF PREVENTION; the source of mortality and the effects of localities, employments, habits, and circumstances of life on the public health.

"(4) To inspect and examine the food, drink, and drugs offered for sale or public consumption.

"(5) To report all violations of the laws of the State relating to pure food, drink, and drugs to the prosecuting attorney.

"(6) To investigate the causes of disease occurring among the stock or domestic animals in the State and the methods of remedying the same.

"(7) TO GATHER INFORMATION IN RESPECT TO THE PUBLIC HEALTH AND KINDRED SUBJECTS FOR DIFFUSION AMONG THE PEOPLE."

On page 214 we find following:

**"REGULATIONS.**

"The right of State Legislatures to invest State boards of health with power to adopt rules and regulations necessary to secure the object of their organization has been affirmed by judicial decision.

"While it is true that the character or nature of such boards is administrative only, still the powers conferred upon them by the legislature, in view of the great public interests confided to them, have always received from the courts a liberal construction, and the rights of the legislature to confer upon them the power to make reasonable rules, by-laws, and regulations is generally recognized by authorities. (*Blue v. Beach*, 155 Ind., 121; also *Isenhour v. State*, 157 Ind., 517.)"

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In the "State Laws and Regulations Pertaining to Public Health," same being Reprint No. 264 from the Public Health Reports of 1913-14, on page 432 we find the following when referring to the medical practice act of South Dakota:

"(2) To adopt, alter, and enforce reasonable regulations of permanent application throughout the whole or any portion of the State, or for specified periods in parts thereof, for the preservation of the public health. Upon the approval of the attorney general, and the due publication thereof, SUCH REGULATIONS SHALL HAVE THE FORCE OF LAW, except in so far as they may conflict with a statute or with the charter or ordinances of a city of the first class upon the same subject, and in and by the same the board may control, by requiring the taking out of licenses and permits, or by other appropriate means, any of the following matters:

"Sec. 11. Any person desiring to engage in the practice of medicine or surgery or obstetrics in any of their branches in this State shall make application to said board for a license to practice medicine, surgery, or obstetrics in the State of South Dakota. Such license shall be granted to such applicants who shall give satisfactory proof of being at least 21 years of age, of good moral character, on compliance with the following conditions: The applicants shall pass an examination upon the following subjects: Anatomy, physiology, chemistry, pathology, therapeutics, practice of medicine, surgery, obstetrics, gynecology, disease of the eye and ear, nose and throat, bacteriology, medical jurisprudence, AND SUCH OTHER BRANCHES AS THE BOARD MAY DEEM ADVISABLE; and in addition thereto shall present evidence of having attended four full courses of lectures of at least 26 weeks each IN A LEGALLY ORGANIZED AND REPUTABLE MEDICAL COLLEGE RECOGNIZED BY SAID BOARD OF PUBLIC HEALTH AND MEDICAL EXAMINERS, no two courses being in the same year, and of having

received a diploma FROM A LEGALLY ORGANIZED AND REPUTABLE MEDICAL COLLEGE WHICH SHALL BE IN GOOD STANDING, TO BE DETERMINED BY THE BOARD, and said diploma must be submitted to the board for inspection and verification: Provided, That the four courses of lectures of six months each shall not apply to applicants graduating prior to 1898."

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In same publication as last above, on page 509, we find following, when referring to medical practice act of Wisconsin:

"4. All rules and regulations adopted and published by the State board of health, and all orders issued by said board in conformity with law shall be in force and shall be prima facie lawful; and all such orders, rules, and regulations shall be valid and in force, and prima facie reasonable and lawful until they are found otherwise in an action brought for that purpose or until altered or revoked by the State board of health."

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### "AN INVISIBLE GOVERNMENT," A VICARIOUSLY VICIOUS CORPORATION

From here and there comes evidence which gradually portrays viciousness of dual nature of people who pretend to be our friends, but who, in reality, are our enemies; a Dr. Jekyll and Mr. Hyde personality. A trifle of this evidence, it is true, is circumstantial, but it appears indisputable that whatever may be circumstantial is composed of statements well within bounds of direct evidence that is here also presented. An attorney trying his case is confined to direct evidence. But in summing up his case in argument to a jury may deduce any conclusion based upon facts presented. His conclusion may not be a matter of direct evidence, but is based upon various viewpoints of direct evidence which he possesses liberty to deduce.

As a sample of that fact, note following quotations extracted from September, 1915, issue of the Keystone Magazine of Optometry. Article is by W. T. McConnell, President of Pennsylvania Optical Society, which recites fight had in recent legislature:

"After years of association with the brave men who have carried on our defensive warfare, and of personal familiarity with the schemes and schemers of the opposition, I observe that we are contending against:

- "(1) A powerful business organization.
- "(2) With definite aims and purpose.

"(3) And unscrupulous methods.

"We shall refer to these in the order given.

"We observe that there exists in Pennsylvania a medical oligarchy. (Webster defines this word to mean 'A set of a few people who rule.') It is composed of men in the medical business and their joiners.

"The medical business in this state is highly organized, having three state associations and many local affiliated organizations for the promotion of their business interests.

"The allopathic or 'regular' medical men kept up a continual tempest in Harrisburg about the existence of 'too many medical examining boards,' and schemed to have a 'single board' created, on which, of course, they would have a working majority and would set a standard of education and licensure by which they would gradually exterminate homeopathy and the eclectic school of medicine.

"The persecuted cults were wise to the 'educational' scheme and fought for their lives until 1911; they compelled their persecutors to accept a fair bill, without the coveted power of control, in which bill was created a single board or bureau of medical education, examination and licensure.

"Many thousands petitioned for approval of the law, but the Governor's action shows that the senators, representatives, judges, and the people, too, may 'go hang' if they won't submit to the dictum of himself. Optometrists, by this action, must submit to the medical group, which means extermination, or the people must be denied a just law.

"The coveted lines of business have, up to the present time, afforded the people a little freedom from the exaction of medical fees, in the matter of caring somewhat themselves for the health and comfort of their own bodies. The group intends to govern osteopathy, pharmacy, dentistry and the optical business, or optometry. The power to set the standard of education and licensure for a professional or semi-professional vocation enables the bureau to manipulate the business so as to increase, diminish or exterminate it.

"Optometrists have observed the scheme working in certain quarters, and know their extermination would be assured by educational requirements so uselessly wide, and limitations of the field so mercilessly narrow, that optometry would be sterilized and the next generation would be paying oculists' fees or doing without glasses.

"Dr. Baldy, Chief Oligarch, has announced as a definite program that no more examining boards shall be appointed independent of medical control, and that existing examining boards in the lines of business mentioned above shall be wiped off the statute books.

"The consolidation of all examining boards into one, leaving his 'single board' medical bureau an exalted exception, is a bit of far-sighted medical strategy, the object of which can be read between the lines of the next question. Doctor Baldy, writing to Albert Myer, president of the American Optical Association, in opposition to the optometry bills then in the House, repeats his plans. He writes:



"The plea is thrown out that others, such as dentists, osteopaths, pharmacists, etc., have separate boards in this state. This is true at present, but I have no hesitation in saying that the fight for a single board has only begun in Pennsylvania, and it is the intention of those of us who are interested in the future welfare of educational matters in Pennsylvania to wipe out every one of them, one at a time, as opportunity offers. We may lose here and there, but in the long run we mean to gain our end, namely, a practical (medical) board of regents. . . and when the time comes and everything is grouped into one, I shall be the first to advocate the absorption of this bureau, with all its subsidiary bureaus, into the general whole.'"

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So does legal standard, with finesse, incorporate financial and educational standards, as power which is given to board to discriminate.

How do they get this power?

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### AN ANALYSIS OF "DOMINATION"

THIS "MODEL BILL" WHICH WE HAVE REFERRED TO AS BEING PRODUCT OF MINDS OF "MEMBERS" OF COUNCILS OF MEDICAL EDUCATION AND LEGISLATION HAS ORDAINED IT THAT WHEN A BILL IS DRAWN UP AND IT IS FORCED TO COMPROMISE WITH SOME OTHER THEORY OR IDEA, THEY MUST AT ALL TIMES RETAIN CONTROL OF A MAJORITY VOTE OF BOARD. IF FORCED TO COMPROMISE WITH OSTEOPATHY TO A COMPOSITE BOARD, THEN HAVE IT ARRANGED AS FOLLOWS: FOUR ALLOPATHS, ONE HOMEOPATH, ONE ECLECTIC, ONE OSTEOPATH, THUS GIVING "MEMBER" FULL CONTROL OF VOTING ON ANY QUESTION WHICH MAY ARISE.

WHAT QUESTIONS CAN ARISE UPON THIS MAJORITY VOTE IS ESSENTIAL. "POWER" OF THIS BOARD RESTS IN ITS (1) RULES AND REGULATIONS, WHICH THIS MAJORITY VOTE MAY AND DOES MAKE; (2) CONTROL OF ISSUING OF LICENSES AFTER EXAMINATIONS, THUS CONTROLLING INCOME INTO STATE OF BOTH REGULAR AND IRREGULAR PRACTITIONERS; (3) CONTROL OF REVOKING THOSE SAME LICENSES WHICH THEY MAY HAVE PREVIOUSLY ISSUED, PROVIDING

FAVORED ONE KICKS OVER TRACES AND PROCEEDS TO DO SOMETHING THE RULES AND REGULATIONS SAY IS UNETHICAL, AS, FOR INSTANCE, ADVERTISING.

As proof of first statement, viz.: that power largely lies in a majority vote which gives them power to make rules and regulations which prohibit growth of new ideas, let us quote following article, taken from September 11, 1915, issue of Journal of American Medical Association, under caption "Medical Education and State Boards of Registration":

"NEW RULES IN PENNSYLVANIA.

"The Pennsylvania Bureau of Medical Education and Licensure, July 12, adopted a rule that, after October 1, 1915, in order to receive approval, any school teaching massage and allied branches must maintain as a minimum standard a graded course of instruction of not less than thirty-five hours each week of actual work in didactic, laboratory and clinical study in a single calendar year, this course to include anatomy, physiology, hygiene and practical bedside work. The course in anatomy is to include demonstrations and study from wet dissected specimens of the human body not less than three hours each week for the full period of the course, and the course in practice is to include not less than four hours daily of actual study and manipulation of the living human body.

"Other rules adopted provide that (a) hereafter the semi-annual examinations will be held in January and July of each year, so that a certificate of a full year's service as a hospital intern can be submitted with the application for examination; (b) applicants will not be admitted to the examination until they have submitted a certificate of their full year's service as an intern in an approved hospital; (c) no hospital on the approved list shall accept an intern who has left another hospital with the disapproval of the authorities of that hospital which he has been serving; (d) no applicant for the written examination will be considered if he is a graduate from a school not on the approved list of the bureau, and (d) such medical colleges as do not enforce their published rules and regulations governing the admission of students will be dropped from the approved list."

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Note construction. Pennsylvania Medical Board adopted *a rule* which states before a Chiropractic school will be recognized, it must meet *a certain educational standard*. Below we find they must have had one year's internship in some *medical* hospital, even though they have met all other qualifications. This example is given merely to prove that power *does lie* in "Rules and Regulations," the checking value being regulated thereby.

Issuing of licenses is in conformity with exercised power given "Members" of State Medical Board; *revoking* of them is in conformity with exercised power they give themselves with rules and regulations. It is a many-sided sword, all of which controls income and outgo of a state with a dictatorial high hand that knows no limit; all, of course, done under newspaper and magazine guise of looking after health of "dear public," who are so much abused nowadays by conditions "over which these physicians could much improve (?) if they had more governmental and state power to do it with."

It seems preposterous to think that in this age, 1916, our country could be run with such a high hand and our public not know of it, not realize it; certainly there must be some mistake. Mistake does not exist in facts, power or use of same, *but in private secrecy* with which they have successfully hidden their public activities for past ten years.

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### "AN INVISIBLE GOVERNMENT": INDICTED, TRIED — CONVICTED! RECONSTRUCTION BY ELIMINATION

Under head of "Reconstruction" (p. 154) of Carnegie Report, we find:

"The state already makes certain regulations; it can by the same right make others. Practically the medical school is a public service corporation. It is chartered by the state; it utilizes public hospitals on the ground of the social nature of its service. The medical school cannot then escape the social criticism and regulation. . . Legislation which should procure for all the advantages of such conditions as is now possible would speedily bring about a reconstruction quite as extensive as that described."

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Under head of "The State Boards" (p. 167) of this same report, following quotations are noted:

"The state boards are the instruments through which the reconstruction of medical education will be largely effected. To them the graduate in medicine applies for the license to practice. Their power can be both indirectly and directly exerted. They may, after examination, reject an applicant — an indirect method of discrediting the school which has vouched for him by conferring its M. D. An increasing proportion must cast increasingly serious doubt on any institu-

tion. A more direct, and therefore a more salutary method is needed, however, in dealing with schools bad beyond a reasonable doubt. In such instances the board should summarily refuse to entertain the applicant's petition, because his medical education rests upon no proper preliminary training or was received under conditions that forbade thorough or conscientious instruction; the full weight of its refusal would fall with crushing effect upon the school which sent him forth. No institution can long survive the day upon which it is publicly branded as feeble, unfit, or disreputable. For the purpose, however, of saving the victims whose cruel disappointment will in time destroy those schools, the arm of the state boards should for the present go beyond the rejection of individuals to the actual closing up of notoriously incompetent institutions. The law that protects the public against the unfit doctor should in fairness protect the student against the unfit school."

"The boards therefore touch at three points the problems with which this report has dealt; for they deal (1) with the preliminary educational requirement; (2) with the facilities of medical schools; (3) with examinations for licensure."

"For boards authorized to decide whether schools are satisfactory may be led to specify the details which determine their judgment. In some quarters they have already shown a tendency to prescribe minutely the contents of a proper medical education."

"The fact is that an enforced entrance requirement at one end and a proper examination at the other will of themselves limit the survival of schools to those that are financially and educationally competent."

"The examination for licensure is indubitably the lever with which the entire field may be lifted; for the power to examine is the power to destroy."

"There is no question that in the end the medical sects will disappear. The dissenter cannot live on high entrance and educational standard. Pending his disappearance, the combination board is the least of the evils to which we are liable."

"The ultimate improvement of the entire mass will come from control of all schools through the state boards and not merely from voluntary action on the part of the more self-respecting institutions."

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In previous quotation it will be noticed that Carnegie Foundation Report suggests what various State Medical Boards SHOULD DO. Following quotation tells what they HAVE DONE.

(Extract from American Medical Association Bulletin—January 15, 1916—in an article titled "Progress in Medical Edu-

cation," delivered by N. P. Colwell, M.D., who is Secretary of Council on Medical Education of A. M. A.)

"THE STATE LICENSING BOARDS ARE EXERTING A RAPIDLY INCREASING INFLUENCE TOWARD THE BETTERMENT OF MEDICAL EDUCATION. AT PRESENT THEY ARE MAKING A LARGER USE OF THEIR DISCRETION IN REFUSING TO RECOGNIZE LOW-GRADE MEDICAL COLLEGES."

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As further proof that State Board is pivoting point; desired end to be secured to be used against competition, perhaps following quotation will more thoroughly prove. This quotation is taken from Minutes of Council on Health and Public Instruction as published in Bulletin of The A. M. A. of January 15, 1916. Speaker was Dr. Thomas S. Hogan of Chicago:

"I READ IN THE PAPERS THIS MORNING THAT AT YOUR MEETING YESTERDAY YOU WERE PREPARING FOR WAR. LET US HOPE THAT EVENT WILL NEVER COME BUT, AT THE SAME TIME, LET US NOT FORGET THAT THERE IS A WAR GOING ON THROUGHOUT THIS COUNTRY BY QUACKS AND CHARLATANS WHICH MUST BE ANNIHILATED BY THE MEMBERS OF THE MEDICAL PROFESSION. AND THE ONLY WAY IN WHICH THIS CAN BE DONE IS BY THE RIGID AND STRICT ENFORCEMENT OF A MODEL MEDICAL PRACTICE ACT."

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Legal standard is by far the most dangerous. There are two things they work for when they go after legislation. Watch these, because you cannot compromise on either. First, you find them scrapping and spending money to *control majority vote of board*. Isn't it true? Look over your legislation of last winter. Why? *It is majority vote of that Board that makes rules and regulations of that Board; it is majority vote of that Board that says who shall get licenses and whose licenses shall be revoked.* That is a tremendous power they cannot afford to relinquish. Then, second point. They want to control educational requirements. Why? They want to control preliminary educational requirements, *to control requirements of school on that thousand-dollar-a-head basis, to control educational requirements before one can take an examination before them.* On neither of these points will they relinquish their efforts for one minute. They are fighting to hold them. It is dangerous to relinquish any of these

points — their financial standard, their educational standard, or their legal standard.

To what end has their high education of past led them? Failure. Upon same theory, to what will even higher education of future lead them? Failure.

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### "AN INVISIBLE GOVERNMENT" — PRACTICE-MY-RELIGION, AND PRAY-AS-YOU-PLEASE

They call us a "sect" much like a house-wife calls bedbug a "pest." We are a sect because we base our work upon a certain definite hypothesis. They call us "dogmatists" because we do what we do and get what we get upon a specific and individualistic idea. They call us "irregulars," inasmuch as they are only fellows following "regular" way of ages.

Sect we follow is Chiropractic; dogma we preach is Innate Intelligence — vertebral subluxation idea. Anything is a dogma which cannot be proven. To possess a dogma is to possess an idea which cannot be proven. We concede there is much in every study that is dogmatic, but medicine is the one subject, one idea that is as far from possessing any dogmatic ideas as any other subject existent. All religions are dogmas. All of medicine is anything but a dogma; it is a science. Science consists of those things which they can prove. One man once said to us, when talking about things immaterial — dogmatic — Innate Intelligence, "Doctor, can you prove Innate Intelligence?" "No," we said. "Then," he said, "I don't believe it." We said, "Doctor, you are an educated man?" He said, "Yes." We said, "Prove it."

This high educational medical standard is not reasonable for this reason: medical men, with all their magnificent survival value education of 5,000 years, gleaned from dissection, multitudinous experimentations without end, wealth untold, minds by millions *have never found cause of a single disease* that they *stayed with* for 50 years; or saved one single life from a disease; or cured one single sick person; or improved upon bodies of those they operated upon. It took a man who had no hook-worm education to bring forth such a dogmatic study which has made possible a clear and practical explanation of cause of *all* dis-eases, none excepted; and it took another who was bounded from first

year in high school to pick up that feeble message and make it heard over world and cause American Medical Association more worry and trouble than all others of their troubles combined. And, we notice that these physicians, with education superabundant, who fall short in their lines, are only too glad to come to The P. S. C. and pay out their hard-earned money, to sit at feet of one they charge with being an uneducated ignoramus, and find truth about a few things concerning life and death; sickness and health.

To what end has our "limited" education led us? And "limited" it is, because it represents but twenty years of research work; but a mere handful of thinkers, with thousands out for the money there is in it. We now have knowledge of cause of *all* dis-eases. It has led us to success, which consists in *sick getting well*; age limit being extended; ease of mind and muscle being increased. Each of these causes is a specific, always going to same place in every person for same trouble. Correction of that cause is a specific, given in like manner in all cases, regardless of whether white or black, yellow or red; male or female; on mountain or in valley; in the swamp or desert; at North Pole or Equator — given condition is same. Not only is this idea applicable to human family, but it is broad enough to include every division of vertebrate family. For twenty years it has been demonstrated on over 50,000 cases at The P. S. C. and hundreds of thousands thru our graduates in field. Results have been uniform — sick get well, irrespective of name given to effects.

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#### "AN INVISIBLE GOVERNMENT" — A BULL-DOG IN PUBLIC MANGER

All thru this argument we have contended that ultimate purpose of A. M. A. in working for a higher educational standard, preliminary and final, was not to produce better and more capable physicians; that it was not intended to put them where they could cure sick they failed on yesterday; that it was not a question of efficiency; that this movement was not in good faith; but that it was done to establish A PROHIBITIVE EDUCATIONAL STANDARD TO DECREASE THEIR NUMBERS that those who remain might have a more substantial financial living — dollar, not the sick, being the motive.

U. S. has 140,000 physicians — too many, they say. U. S. has 7,000 Chiropractors — not enough, we say. Would higher prohibitive educational requirements increase or decrease physicians? DECREASE. Would same high prohibitive educational requirements for Chiropractor increase or decrease numbers? DECREASE.

To test, by a practical manner, actual standing of our profession, we accepted our present (Feb., 1916) student body as a sample of our national profession and called them into Class Ensemble Friday, January 29th, 1916, to get a listing of their educational qualifications before entering The P. S. C., with following results:

Total attendance, 569 students, co-educational.	
Those with no graded school attendance leading to graduation.....	65
Those with graded school graduation.....	257
Those who had attended but not finished high school.....	112
Those who had graduated from high school.....	92
Those who had graduated from an Academy, Prep or Business College.....	34
Those who had graduated from a University equal to 4 years.....	9
Total.....	569

Thinking that The P. S. C. attendance might not be typical of what field practitioners might show, we took record of 138 Chiropractors in attendance at Ohio Chiropractors Association, February 5-6, 1916:

Those who had graduated from a graded school.....	21
Those who had attended but not finished high school.....	51
Those who had graduated from high school.....	39
Those who had graduated from an Academy, Prep or Business College.....	21
Those who had graduated from a University.....	6
Total.....	138

By a reasonable comparison, taking excesses in one or other and balancing with losses of one or other it will seem that an average can be struck. One does not much exceed other. We conclude that these two will equal average intelligence of Chiropractor thruout our ranks, both school and field.



At present writing (Feb., 1916) following are closed states TO MAJORITY of Chiropractors in field as well as in schools, from legal-educational PROHIBITIVE standards now required.

We shall divide them into two classes: 1st, those CLOSED because of medical laws, direct or by amendment; 2d, those closed by Chiropractic statutes controlled by Chiropractic boards.

#### MEDICALLY CLOSED STATES:

Pennsylvania, Ohio, Michigan, California, Colorado, Virginia and Washington. These are closed because of educational requirements BEING BEYOND REACH OF 84 per cent of those in attendance in The P. S. C. and BEYOND REACH OF 50 per cent of field (Ohio figures), assuming that high school requirement alone was considered. (7 states.)

Utah and Louisiana are closed by way of medical injunction, irrespective of educational standards. (2 states.)

#### CHIROPRACTICALLY CLOSED states:

Arkansas board requires High School and other arbitrary standards not granted them by legislature. Oregon statute has standards beyond all reason, which few, if any, medical men would care to meet. Kansas has High School requirement. Nebraska statute calls for a 3 years of 9 months' course, which no school teaches, and High School graduation. North Dakota has a 3-years-of-8-months statutory requirement and High School graduation. (5 states.)

Whether a higher education than our profession shows is right or wrong, is not our argument AT THIS TIME. Fact is short of hitting that standard now, with our present limited number of practitioners, and we face facts as they exist.

Here are fourteen states, or over one-fourth (25 per cent) of U. S. closed to between 84 per cent and 50 per cent of our practitioners, assuming that they could meet all other requirements — which they can't. *It appears that, whether they can get the sick well or not is a minor issue alongside of whether they know much or little.*

Pennsylvania, Ohio, Michigan, California and Colorado require graded school, high school, two years' academic and three years' university training, then one year in a Chiropractic school to get a license. This would exclude practically 98½ per cent of school and 96 per cent of field.

Nebraska and North Dakota exclude 100 per cent, for there are no schools teaching such courses.

We are affirming that our standard is higher today than it used to be; process of evolving being a slow but steady one, it having taken The P. S. C. twenty years to get from a one week's course to that of three years of six. It has taken medicine fifty years to get from study-in-the-doctor's-office-system to four years' course of nine months each.

Eventually The P. S. C. may be forced to reach standard desired by "An Invisible Government"; but meanwhile prospect of living thru forced process is very grave.

An educated Indian is a dead Indian. A PROHIBITIVE EDUCATIONAL STANDARD forced on medicine is to materially *reduce* their numbers and same forced on us is to *kill us*.

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### "AN INVISIBLE GOVERNMENT" HOT-HOUSES THE "IRREGULAR" — TO HIS LOSS

All human nature, thru its natural objects, grows at a natural rate. To hot-house the plant and force it under excessive heat, artificial nourishment, forced feeding, etc., is to bring forth an early bloom and fruit, and entire plant then dies an overgrown death.

To force Chiropractic schools, by legislation, to take a sudden jump and encompass work of ten years in two is to kill schools to satisfy longing for a highly developed educated product.

Statistics of Public Health Service show that the life of average professional man is twenty years. Twenty years is a generation of one practitioner to go and another generation to come to take his place.

Legislatively speaking, osteopathy has gone thru same forced process we are now permitting to start in our ranks — that cry for a higher and PROHIBITIVE educational requirement and permitting it to be artificially forced upon us in advance of our time. THEY wanted restrictive legislation; they wanted boards who could make it by rules and regulations. They have it and, in majority of states, have had it for ten years.

THEY ARE TEN YEARS DEAD in OLD timber and TEN YEARS DEAD IN NEW timber that should have taken their place. Ten out of twenty years of their generation are gone, finding themselves 50 per cent weaker than they were ten years ago.

TODAY osteopathy is 50 per cent less osteopathy and 50 per cent more medicine; TODAY their schools have 50 per cent less attendance; TODAY there are 50 per cent less schools and in each state where legislation exists they are 50 per cent LESS IN ACTUAL NUMBERS. They are 50 per cent weaker than they were ten years ago, EVERY viewpoint considered.

Present generation of sick are getting Chiropractic thru present generation of Chiropractors, in above thirteen states. In twenty years from now, under our present propaganda, where Chiropractors of Pennsylvania, Ohio, Michigan, Colorado, California, etc., give future of Chiropractic to PROHIBITIVE EDUCATIONAL STANDARD legally, when present generation of Chiropractors are "dead," coming generation of sick will ASK for Chiropractic IN VAIN based on statistics and findings of enough people to meet higher or prohibitive educational qualifications.

Today there are thousands of Chiropractors who are not High School graduates, yet they practice and get the sick well. We hear no objections from them that they are not educated sufficient to do thing they claim to do.

That man or woman possessed of good, common, horse-sense; long on good judgment, even tho having a reasonable quantity of book learning, a few degrees behind his or her name but able to intelligently know philosophy, science and art of Chiropractic with its allied subjects thoroly, can do as much or more good than that physician with prohibitive education who has our same concepts.

Other things being equal, one person who goes thru all steps to become a highly educated man and meets prohibitive standard and then studies Chiropractic, is placed by contrast against man who can do same but who has had only present and reasonable P. S. C. education. Only difference between two will be in that one will present it more polished and other more in rough — both will get sick people well in equal degree as to quantity and quality. Surplus of unnecessary prohibitive edu-

cation does not make one any better Chiropractor than man who carries all that is needed but ignores excess-baggage.

What is meant by "closed" states? This! Any act of present generation of Chiropractors by which they take from next generation same privilege we possess here and now, in closing that state's future by what we are permitting done NOW at legislatures. Any act of ours NOW which permits present generation of sick to get our service and prohibits next from getting it in same manner and of same source, is closing that state to future. Osteopathy's experience is before us.

There are two ways by which present generation forecloses on future before it is born — thus taking undue advantage. This is as bad as to compel an educational institution to be run with old wrong ideas because some man who died fifty years ago left it a legacy under restricted conditions — which is often the case. Just as future was closed before us so are we trying to close future on others.

1st. Present generation of Chiropractors are of common people with average sensible and practical education. You are not, in majority, blessed with any superlative degrees as a pedagog. Yet, you will permit and endorse legislation on Chiropractic which demands a pedagogical prohibitive standard of future, knowing that it will not increase percentage of sick getting well. You have increased amount of theories the man may think he knows, thus REDUCED his following; but have you gotten MORE SICK PEOPLE WELL?

2nd Present generation of Chiropractors is composed of those who, by good fortune alone, have priority. You go to medical ranks and grant them prohibitive educational control of Chiropractic schools who produce for next generation IF THEY WILL PERMIT YOU TO GET A LICENSE NOW.

This places future in THEIR hands by their placing present in YOURS. Doesn't that "close" the future?

If THEY will give YOU a license NOW — YOU will give them CHIROPRACTIC of the FUTURE. This THEY are glad to do — this YOU are glad to do — BOTH have everything to gain, BOTH have nothing to lose NOW. "Sick people of next generation be damned!"

YOUR viewpoint —

YOU want to make a living irrespective of rights of sick of future.

OUR viewpoint —

We want the sick of the future to have same right to get well and have OTHER Chiropractors deliver their service and make a living, as the sick of today have to get well and make YOU a living NOW.

One of proofs of this closing of states is before us in second examination held in Oregon, before Chiropractic Board when only five were capable of meeting preliminary requirements to apply for examinations. Five a year — to take care of Oregon's sick. Good for the five perhaps, but hard on five million that can't get it and must die under drug or knife system.

We have, at another time and place in this book, expressed ourself on value of a higher prohibitive education.

It is a notable fact — higher the complexity, less practicability; higher the standards, less success in cures. It is also a notable fact — lower the standard (within reasonable degrees), fewer studies he had, altho all of them being essential and useful ones; more simplicity involved in his work, his schools in teaching, and his practice, greater has been his success in cures.

As a proof of this contrast, note medicine as an example of complexity. There is not a Chiropractor but what is convinced of utter futility of medicine to cure dis-ease of any kind. We know that medicines and operations do not cure; but hasten death. Note Chiropractic as an example of simplicity. There is not a medical doctor who has had to compete against a thorobred Chiropractor but who is convinced of positive success of Chiropractic in adjusting cause of not only one, but practically all dis-ease. We know that majority of Chiropractors in Ohio have had twelve months or less of training, and we know that none of them would take a back seat with any four, six or eight-year medical man for what they are capable of doing in results to acute or chronic cases, yet they would deliberately give our teaching valuations over to him who is most positively convinced that we should be as complexed as he before we can do as little as he. The more we meet his standard, the less capable we will be and the more we will reach his standard of incapability; medical man knows this for he

wouldn't have insisted on our teaching requirements being placed unreservedly in his power to control.

If this marked contrast be true, wherein two ideas are diametrically different; where results are as contrasted; where one line of studies is failure and another is success; then why does he who fails with his studies desire to legally enforce upon one who succeeds those studies which have produced failure? *It is difference in studies which has produced difference in results.* Why does the man who pursues failure studies want to force them upon him who has success studies? *Because he wants him who succeeds to fail.*

As a Chiropractor you are taught, you believe and follow dictates of your teachings when you are sick by having given to you Chiropractic adjustments. This is because you believe in them and they get results you expect. If you were sick you would not think of taking medicines or having operations performed. Yet, when you approach legislatures you are willing (under pressure) to lay down your Chiropractic studies, concede power to Medical Board which forces Chiropractic schools to teach medical studies in order to permit its graduates to take medical examination to get a "limited branch of medicine and surgery" (Chiropractic), "a license" to give Chiropractic adjustments as taught with Chiropractic studies.

*End of compromise of this kind is early death of Chiropractic subjects, thus Chiropractic schools, thus Chiropractors, thus Chiropractic science.*

Just previous to attending Ohio meeting, which we have referred to as our type for this outline, we made a trip to New York. We called upon Secretary of New York Osteopathic Association. Eight years ago they compromised to New York Board of Regents as Ohio Chiropractors compromised to Ohio Medical Board. Eight years later osteopaths are 40 per cent weaker, numerically, than they were eight years ago; 40 per cent have either closed shop, moved, or gone into some other business.

At that time they were eager to promise most anything to get every osteopath lined up to get a license, and it seems that they were all glad enough to line up to get same. At that time there were eight osteopathic schools recognized by New York Board of Regents. One by one they dropped them as "not being of

good standing"; in other words, not meeting the \$1,000 financial and their educational standards. Since two years ago only one was recognized. Two months ago that recognition was withdrawn. Now no osteopathic school is recognized by New York Board, it being impossible for a single osteopath to gain a license in that state.

By way of further proof that our contentions are true, viz.: that it is intention of all medical boards, where they have control of voting power of board, to close up and put out of business all osteopaths by first condemning and failing to recognize schools, let us read following clipping taken from *The Osteopathic Physician* (Chicago) for July, 1915.

Read it carefully in light of above stated facts:

#### **"NEW YORK STATE CLOSED**

"New York State is—and will remain so unless conditions are changed—a practically closed country to all present osteopathic graduates outside the state who have not already secured license.

"Think of it, a state with 10,000,000 population and about 400 osteopaths, and the profession cannot get in any more under present conditions. Further, as things are now, the students in our colleges have not a ghost of a show to get into New York State when they graduate.

"To secure a license in New York the applicant must pass examination before a board appointed by the State Board of Regents and must have a four-year course in an osteopathic college recognized by the State Board of Regents.

"There is no osteopathic college recognized by the New York State Board of Regents!

"The Philadelphia College of Osteopathy was recognized by the New York State Board of Regents, but the recognition has been withdrawn.

"How is it possible for osteopathic practice to develop in New York State under these conditions? Ten million people and only four hundred osteopaths to serve them and no chance for the profession in the state to grow for years to come. It is a bad situation for osteopathy and it should be remedied, if there is any way to do it." (*The Osteopathic Physician*, Chicago, July, 1915.)

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Those out of state can't get in. Those who are in can't advertise their work. Osteopathy and Chiropractic are comparatively new sciences; too new at least to live without nursing educa-

tionally on advertising milk-bottle. As a net result N. Y. osteopaths are dying, professionally speaking, at rate of ten per cent per year. If they lose forty per cent in eight years, then in ten years more other sixty per cent will be gone and osteopathy will be a dead-letter in New York State.

That such a condition is not alone confined to osteopathic schools but spreads its slimy fingers into domain of *their* ranks, will be evidenced by following, which is quoted from November 6, 1915, issue of Journal of A. M. A. under "Medical News," subdivision "Missouri":

"RECOGNITION WITHDRAWN. — It is reported that the Missouri State Board of Health, by unanimous vote at a meeting held October 18, declared the University of West Tennessee Medical Department of Memphis an UNACCREDITED medical college in the state of Missouri."

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In 1901 osteopaths compromised with medical board in Indiana. They issued licenses to all in state at the time. It was very kind, liberal, considerate, generous and consistent of them. They fed present parentage in order to starve future generation. By winning over these they could secure permission to kill all that came afterwards. Medical report of 1909 in Indiana shows that but nine osteopaths secured a license in eight years; twenty-two since 1901, or fourteen years, an average of one and one-half per year. Is this a healthy growth? Osteopathy is also a dead-letter in Indiana.

Des Moines (Iowa) Still College of Osteopathy went bankrupt a few years ago and are at present time (1916) working and existing under a \$50,000 fund specially subscribed for that purpose — due to legislation like above in various states.

Two of Los Angeles colleges of osteopathy have but recently amalgamated, that *one* might survive rather than both die a natural death that occurs from decreased enrollments based on above form of legislation.

We have a similar condition in Iowa. Osteopathic amendment to medical practice act says that "Governor *may* appoint one osteopath on State Medical Board." This was passed ten years ago, with consent of osteopaths, because they thought they were also getting something. They, too, said:



"But, when I find such a law cannot now be obtained I believe it wisdom to at least take the persecuting power from our enemy. . . Since straight legislation could not be obtained for us, we must either surrender or accept, at least in part, such conditions as are already established. . . As a last resort, I thought it best to compromise, and this substitute is the result. . . But, rather than remain unreasonably stubborn by holding out against what we here on the ground knew to be an impossibility, we deemed it wisdom to change attitude and construct a new bill and fight for all we could possibly get under the circumstances." — (Oswalt.)

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There has never been an osteopath on board yet. Another section says, "the osteopath *shall* be examined in osteopathic technique and practice by the osteopathic member on the board." Being none, none are examined, hence all get thru without taking an examination on those subjects, which is a flagrant violation of their own act. But medical men don't care how much *they* violate law so long as *they* control output of schools and income into states—*this is great regulator of their financial business.*

We went around thru Pennsylvania asking our boys how they were getting along. "How is business since you compromised with medical board?" "Rotten!" "It isn't what it was." "I am going to close up shop and move." "I think I'll go to Virginia or New York, or most anywhere outside of this state." It was but three years ago that Pennsylvania Chiropractors compromised and let medical board control them by majority vote and educational requirements that we have told you they would use.

What is result? Not one person has secured a license in that state in three years from Medical Board since this form of legislation has been secured, by, thru and with consent of Chiropractors. By "securing a license" is meant by the regular and legitimate channel of meeting "Rules and Regulations" and taking examinations prescribed.

Dr. Maddux, of Pennsylvania State Medical Board, made a tour of all non-medical schools of United States. In his report he stated The P. S. C. was best equipped, largest enrollment, etc., etc., irregular school in United States, all of which were facts, but from that point on we have not yet heard last uncomplimentary word of bottomless pit of incompetency to which we

were promptly relegated. The P. S. C. is not recognized by Pennsylvania State Medical Board, which means that no Chiropractic school is so recognized, which means that Chiropractic itself is just what we have said they would say it was — a fake, graft and quackery of first water.

It has been our aim to present ONLY FACTS in this "An Invisible Government." A fact is that which is substantiated by evidence. Evidence can be of two kinds, that which we present and that which our opponents present. It will be further considered that we are convicting our opponent with evidence that he presents, strictly construed.

In the foregoing paragraph we state that The P. S. C. is NOT recognized by Pennsylvania State Medical Board, notwithstanding we have strongest, longest course; greatest array of subjects, most hours, largest faculty, etc., of any Chiropractic school. Now for proof.

In speaking of The P. S. C., Dr. Maddux said, in his Report, as follows: "The School is UNDOUBTEDLY THE BEST EQUIPPED OF ALL CHIROPRACTIC COLLEGES."

On November 24th, 1914, (following going into effect of compromised legislation of that state) D. P. Maddux, M.D., a special inspector for Pennsylvania Medical Board came to Davenport and inspected three Chiropractic schools here. That which now follows is quoted from same:

"April 25, 1915. Final report of the Inspection of the Colleges of Drugless Therapy.

"None of these institutions are physically equipped to give a complete course of professional training that WOULD MEET THE REQUIREMENTS OF THIS BUREAU; but two of them the Palmer and the Universal have presented evidences that would warrant their consideration as being competent to GIVE THE THIRD YEAR of professional training, to OTHERWISE QUALIFIED students.

"The recent inspection of chiropractic colleges very positively shows that they are not provided either with teachers or mechanical equipments to give any adequate training in the fundamental branches, that are an absolute pre-requisite to the training of any one who is a safe person to treat the sick.

"Granted that they have something to contribute that has been overlooked or neglected by the drug using schools of medicine, granted that they have some real contribution to make towards the relief of human suffering, their present methods of teaching, in the

schools investigated, would render their graduates most dangerously incompetent to deal with most of the problems that must be met and solved by one who is called in to treat the sick.

"Some of them are fraudulent, as noted, only TWO OF THEM ARE COMPETENT TO GIVE THE FINAL YEAR to those deluded or deficient students, who are unable to make good in the complete medical course.

"Your inspector would most strongly urge that no official recognition of any type, be afforded by this Bureau. While these institutions might give a year OF TERMINAL TRAINING that would meet the just demand required of those who desired to practice 'Drugless Therapy' but your Inspector is impressed that this Bureau would commit a pedagogic blunder by affording official recognition to any institution, conducting its course of teaching as a 'continuous performance.'"

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Pennsylvania State Medical Board has established identical educational standard we have heretofore outlined. Graded school, high school, three years in a medical college "recognized as of good standing" by Pennsylvania State Medical Board, one year sectarian subject in an irregular school "recognized as of good standing" by Pennsylvania State Medical Board, and, as they recognize none, none may ever enter. It is but a question of time until all irregulars will die in your and our mind.

Michigan is in identically same position. They have established same educational standard and future is dead.

We cite these instances in passing because they are fresh in your and our mind. We protested, fought against Pennsylvania going way it did; we urged upon those boys to stand pat. Even Col. Long said that Pennsylvania legislation was good, the best yet secured. We said Pennsylvania was dangerously wrong. The Colonel is now convinced that any compromised legislation is dangerous; "Pennsylvania is wrong."

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## PAID PUBLICITY, A SPOT-LIGHT ON TRUTH

On our trip west this summer there were fourteen in our party that left Kansas City. In San Francisco one young lady,

when she saw the "Keep Smiling" card on our hat, said: "I wonder what he is advertising." Another said, "He must be an actor; his lips are painted." Another said, "We have just found out who you are, you are a Mormon Elder, and this is your flock." When we said we were representative Chiropractors, another said, "Oh, yes, I did hear something about that. It is one of those new picture shows, ain't it?"

*Public does not know Chiropractic yet, therefore we must advertise and educate to get business.* The more we advertise the more we educate, and the more we educate the more business we get. Medical board "*Members*" know this as well as we do. In New York osteopaths dare not advertise; in Pennsylvania Chiropractors do so only under cover, *for fear of revocation of licenses.* In Michigan everything is under cover, stealthily, afraid every minute of being called over State Board carpet for advertising, against Code of Ethics, and have their license revoked. No advertising, no business. No business, you turn key in door and you move, *even tho there hangs upon your wall "a license" in all its glory and pomposity.* What good is that compromised license if nobody knows of you; knows what you are; comes to give you money with which to pay rent? We wouldn't give ten cents for 10,000 compromised licenses if we couldn't pay one month's rent with them.

States just mentioned, including Ohio, are now working under a Board whose controlling majority are allopathic "*Members*" of the American Medical Association; they have shown no mercy, and none is expected from them now or in future. It is their Board which will make rules and regulations, and, in part, these are Code of Ethics which are final and last court of ethical resort with A. M. A., one of chief tenets of which is "*Thou shalt not advertise — and pay for it.*" Who ever heard of a physician paying money for space in a newspaper? They want *free* advertising, thusly: "Mrs. Jones had an operation in Mercy Hospital yesterday and Dr. J. M. Brown reports she is doing nicely. Operation was a wonderful success." When patient dies in a few days you do not notice "Dr. J. M. Brown's" name hooked up with obituary. "*Thou Shalt Not Advertise and Pay for It.*"

"TRY A SURGEON ON ODD CHARGE.

"DOCTOR ACCUSED OF PAYING FOR A LAUDATORY  
"CARTOON.

"IS A CASE OF ETHICS.

"One of the oddest and most unusual cases in the history of the medical fraternity of the country, wherein an alleged violation of the ethics of the profession is the issue, will come up before the judicial council of the American Medical Association in Chicago today, with a possibility that the accused physician may be disciplined.

"Dr. George Ben Johnston, a leading surgeon of Richmond, Va., is the chief figure in the case, and it is expected that he will appear to answer the charge against him. He arrived at the Congress Hotel yesterday, accompanied by Luther L. Scherer, general claim agent of the Chesapeake and Ohio Railway, his warm personal friend. According to advices from Richmond, he is accused of permitting himself to be caricatured in a series of 'Virginians in Cartoons' that appeared in the Richmond Journal in the early part of the present year. It is further charged he paid for the advertisement.

"AND THERE'S A DITTY.

"Underneath the cartoon of Dr. Johnston, which has set the entire medical profession of the country 'by the ears,' appeared the following bit of doggerel:

Since he possesses inside information  
To such a startling and exact degree,  
Which he has gained from many an operation,  
It's not so very difficult to see  
Why people who need to be renovated  
Should flock to him from places far and near;  
They know after he has operated  
Their aches and pains will never reappear.

"The caricature and verse appeared on January 13th last, but not until the latter part of September, it is stated, was Dr. Johnston officially notified that charges had been preferred against him. He accused Dr. C. V. Carrington, of Richmond, who heads a faction alleged to be hostile to him as the instigator of the charge.

"Dr. Oppenheimer and Dr. Stuart McGuire, also of Richmond, permitted themselves to be depicted and 'poemized' in the cartoon series, and it is reported from Richmond that they, too, will face the judicial council of the American Medical Association in Chicago."  
— (Chicago Herald, Nov. 5, 1915.)

Additional evidence that a medical man should not advertise is contained in Journal of A. M. A. February 5th, 1916, where, under caption of "Michigan," we find: "Convictions. — It is reported that Dr. S. Clay Todd, Grand Rapids, was convicted in the Superior Court, January 12, of illegal advertising of his medical practice."

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### "AN INVISIBLE GOVERNMENT," LIKE A CRIMINAL, SKULKS IN DARKNESS

In further substantiation that it is unethical to advertise; that code of ethics does govern medical bodies; that Medical Board can use its arbitrary power to discountenance practitioner from advertising; that this can even go as far as to financially embarrass a practitioner, all that which now follows will prove.

This is an extract from Commission Hearing. Dr. Crichton was presenting his grievance:

"DR. CRICHTON: Here is what I mean to cover—that they should not be allowed to try a doctor for simply advertising, simply for a breach of medical ethics, which is the law of this country. That is what they did in my case, but the judges in my appeal decided that the Medical Council has power to exact from each candidate before granting his diploma a promise not to advertise in an offensive way. They suggested that they should have the power to exact that promise from each candidate before they gave him his diploma, and to cancel his diploma if he breaks that promise. I will just repeat that—the judges in my appeal decided that the Medical Council has power to exact from each candidate before granting his diploma a promise not to advertise in an offensive way, and to cancel his diploma if he breaks that promise. I claim that that virtually means not to advertise at all. If a candidate is made to promise that he won't advertise in an offensive way, it means that he won't advertise at all. Here is what the president of the Medical Council said: 'The Council does not approve of advertising in any shape,' and if they have the power to cancel a doctor's diploma for advertising in an offensive way, it would mean that they would have the power to cancel it for advertising at all, because the Medical Council consider that all advertising is advertising in an offensive way."

"MR. OSLER: Let me dispose of that point in the Crichton case in a single sentence. One of the judges of the Court which heard the case, speaking as to costs—and this gives the reason why costs were not allowed—says, 'I cannot say that this proceeding has been frivolous or vexatious. The conduct of the appellant has been such as to provoke complaint and to invite investigation. It has offended

against the provisions of the Ontario Code of Ethics, which declares it to be derogatory to the dignity and prestige of the profession to resort to the practice of secrecy on the one hand and publicity on the other — which though not in force when he was registered — yet declares the professional standard of conduct which he has disregarded, to set up a trade standard for himself, so that while in the result he may be right legally, he is wrong professionally. Having regard to those and like considerations I do not think that the Council who are discharging a quasi-public duty should be called upon to pay costs of the investigation of this appeal.

"THE COMMISSIONER: Is that (A. M. A.) code of ethics recognized by the (Ontario Medical Practice) Act?

"MR. OSLER: No, my Lord."

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That such restrictions and "code of ethics" are not restricted to medicine alone, following will prove. Why business is dead unless it advertises; why a profession must have a funeral to tell of its good, is more than physicians seem able to solve. He who CAN "deliver the goods" may advertise. He who can't forms a combine and thus aims to protect himself AGAINST PUBLIC, realizing only too well that if they find out how little he has they will ostracize him. Having nothing constructive to tell, silence is golden.

Following quotation is from Cleveland (Ohio) Plain Dealer of March 18th, 1916:

"KNOCKS OUT BAN ON DENTIST ADS.

"CINCINNATI JURIST UPHOLDS AS LEGAL PUBLICITY FOR  
"ANY PROPER BUSINESS.

"SAYS LAWYERS WHO COLLECT ACCOUNTS ALSO MAY USE  
"NEWSPAPERS.

"Cincinnati, March 17. — 'It is a well established principle of law that the legislature, under the guise of protecting the public interests, may not arbitrarily interfere with private business or impose unusual and unnecessary restrictions upon lawful occupations,' declared Common Pleas Judge Nippert in a decision knocking out two important sections of the Lloyd law or dental statute, recently passed.

"The sections declared invalid are Section 1325 and Section 1329-1, which Judge Nippert declares would practically prevent a dentist from advertising.

"Judge Nippert's decision, while applying particularly to dentists who advertise, IS A DECISION FOR THE LEGALITY OF ADVER-

TISING ANY LAWFUL BUSINESS. He declares the legislature might as well seek to stop a soap manufacturer from advertising his business or compel him to advertise it only under the individual name of the manufacturer instead of under a trade mark name.

"In deciding that way Judge Nippert also takes occasion to say there is no law on the statute books to prevent lawyers whose specialty is the collection of accounts from advertising their business under such names as they choose.

"The decision was in the case of Robert C. Craycroft, who submitted to arrest by Squire Timberlake in Squire Dumont's court, and then brought a habeas corpus suit for release to test the constitutionality of the Lloyd law.

"The decision orders the release of Craycroft. A Columbus attorney, representing the state dental board, argued to have the law sustained."

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*Everything vile, that is wrong, that won't stand light of day, hates publicity, and medical trust is no exception. They don't, and won't, advertise. There is no merit in their work. Mistakes in diagnosis are appalling. If public knew this their business would drop off fifty per cent. Mistakes in operations are gasping. Net result of drugs is only ten per cent to benefit of patient, and that turns to injury when he becomes a fiend and a slave to some drug as a result. More drunkards are manufactured by physicians than saloonkeepers. Medical man don't advertise, for he positively has nothing to crow over from beginning of day to its end; from beginning of his career to its coccygeal end. Should, by chance, something arise against his will which does possess merit, then it must be at once suppressed legally, not by right, but by might of bulk and tradition.*

Chiropractors of Ohio compromised with State Medical Board of Ohio and now they are under their thumbs. We have stated what they would do when they got the power. We were not, therefore, surprised when we received application blanks upon which every Chiropractor had to make application for a license to "practice a limited branch of medicine and surgery."

Upon it, known as "10," is what now follows: "I hereby pledge my solemn oath never to become an itinerant or advertising practitioner if under this application a license is granted to me."

Ohio State Medical Board has very recently issued a codified edition of "The Statutes of Ohio Regulating the Practice of Med-



icine and Surgery," incorporating House Bills 142 (the Hoy Bill) and 220 (the Platt-Ellis Bill).

In going carefully over the same, we note following sections worthy of every Chiropractor's attention, who is in Ohio, or intends to be; who is or is intending to take the examination.

Section 1275 says:

"The State Medical Board may refuse to grant a certificate to a person guilty of . . . grossly unprofessional or dishonest conduct. . . The words 'unprofessional or dishonest conduct' as used in this section are hereby declared to mean:

"Third: All advertising of medical practice in which extravagantly worded statements intended or having a tendency to deceive and defraud the public are made, or where specific mention is made in such advertisements of tuberculosis, consumption, cancer, Bright's dis-ease, kidney dis-ease, diabetes, or of venereal dis-eases or dis-eases of the genito-urinary organs.

"Upon notice and hearing, the Board, by a vote of not less than five members, may revoke or suspend a certificate for like cause or causes."

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Advertising interests newspapers; they profit or not, according to whether they get it or not. In its absence, they get busy and shake up cause. As it now stands Ohio State Medical Board has cut off thousands of dollars annually from newspapers by that Rule 10. If Matson isn't careful he will lose the newspapers as his friends. We would rather, by far, have them and let sects advertise than to shut them off and lose newspapers. It is bad either way, tho, for in one instance sects would get busy again and in other they could mould public opinion.

Following is a protest sent to Ohio Medical Board, and speaks for itself:

"Chillicothe, O., October 5. — A letter of protest telegraphed to the State Medical Board at Columbus, reads as follows: 'Dr. George Matson, Secretary State Medical Board, State House, Columbus, Ohio: Representing 150 international and daily newspapers, we protest against your requirements of applicants for license as embodied in query number 10, as being unjust to the applicant and unfair to the privilege of the optician or similar practitioner who desires to buy advertising space, in which every newspaper in Ohio is vitally concerned, and we doubt that legal power exists in the State Medical Board to place such limitation upon the right to advertise as defined

in Section 1275 of the General Code.' (Signed) Associated Ohio Dailies, L. H. Brush, Secretary; G. W. C. Perry, President."

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Following is a newspaper clipping, a confirmation of above:

"PUBLISHERS DEMAND FAIR PLAY BY MEDICAL BOARD.

"PROTEST AGAINST PLEDGE BEING REQUIRED OF ALL APPLICANTS FOR LICENSES.

"Columbus, October 12. — Officers of the Ohio Associated Dailies protested before the State Medical Board today against the requirement of a pledge 'never to become an itinerant or advertising practitioner' from applicants for license under the new Platt-Ellis law relating to non-medical practitioners.

"G. W. C. Perry, of Chillicothe, president of the association, was spokesman for the newspaper publishers. He declared the Board was exceeding its authority by demanding that medical practitioners promise never to advertise, and characterized the practice as a curtailment of constitutional rights."

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That it is direct intention of Ohio Medical State Board to enforce anti-advertising campaign seems evident from all information received to date. Notwithstanding request of newspapers to not enforce rule "10," they propose to go ahead, as following information will inform you:

"Urbana, Ohio, October 23, 1915.

"B. J. Palmer, D. C., Ph. C., Davenport, Iowa.

"Dear B. J.: — The following is a letter sent me by the Ohio State Medical Board:

"'Mr. J. F. Waymack, Scioto St., Urbana, Ohio.

"'Dear Sir: — We have received a clipping from the Urbana papers in which you have advertised as "Dr. Waymack," also as "Dr. J. F. Waymack, Chiropractor." Not being licensed in the State of Ohio, and not having applied for license under the Platt-Ellis law, you will be expected to cease practicing immediately. Your attention is called to Sections 1286 and 1294 of the Medical Practice Act, a copy of which is enclosed herewith.

"'Very respectfully,

G. H. Matson, Secretary.'

"I wish to say, Dr. Palmer, that I have not advertised as above in any form of advertisement. The reporters put it that way when I

located here, but that was not a paid advertisement. I told one reporter not to put 'Dr.' in front of my name and he did it anyway. Chiropractically,

J. F. Waymack."

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TAKE YOUR CHOICE—ROAD IS BEFORE YOU. BRANCH EAST AND GO UP OR TO WEST AND GO DOWN HILL. COMPROMISE IF YOU WILL, GET "A LICENSE" IF YOU WISH, HANG IT ON WALL, BE TIED HAND AND FOOT WHERE YOU CAN'T ADVERTISE, AND STARVE OUT, IF THAT IS YOUR PLEASURE. THAT IS ONE WAY. BUT FOR OURS, WE WOULD RATHER TAKE HIGH ROAD, HARD ROAD, ROAD THAT NEEDS WORK, THOT, WORRY AND STUDY, AND BE WITHOUT A LICENSE ON OUR WALL AND HAVE RIGHT TO ADVERTISE TO GET BUSINESS, TO TELL SICK OUR MESSAGE; TO SAVE LIVES OF THOSE THAT WOULD OTHERWISE DIE.

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### "AN INVISIBLE GOVERNMENT" — RAPES YOUTHFUL COMPETITION

Best possible answer as to possibility of accomplishing this is to point to history and legislative experiences of osteopathy. Wherever they compromised with medical legislation (with one or two exceptions only), viz.: which gave either or both medical board control of board or educational requirements, they have never been able to successfully change it back to what it should have been in beginning. Every compromise they made, in every state, they have it today — and we pause for contradiction.

That which has been given you is in nature of evidence, proof of which we give you now in fact. We have well established fact, intention of what was going to be done. Now we are endeavoring to present data which would tend to sustain that fact and convict A. M. A. for their intentions of future. One is statute in case, other evidence tending to show that they have done just what our indictment accused them of doing.

Extract which now follows is taken from compromised medico-chiro bill passed in Ohio last winter, otherwise known as Platt-Ellis Bill; or, perhaps, better known as Medical Practice Act of

Ohio as amended by Platt-Ellis Bill, as conceded to and by and with consent of Chairman Oswalt, of Legislative Committee of Ohio Chiropractors' Association, while supposedly acting for and in behalf of Chiropractors of Ohio:

"Sec. 1274—1. The State Medical Board shall also examine and register persons desiring to practice any limited branch or branches of medicine or surgery, and shall establish rules and regulation governing such limited practice. Such limited branches of medicine or surgery shall include Chiropractic, naprapathy, spondylotherapy, . . . etc."

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Notwithstanding above is statutory definition, either medics were trying to fool Chiros or Chiros were thinking they were putting something over on medics, but following is extracted from John H. Oswalt's letter "To Ohio Chiropractors," under date of September 9, 1915:

"On September 1st, a committee of Chiropractors met with a committee of the State Medical Board, to formulate a definition for Chiropractic and rules relating to our licensing and practice.

"Following is our definition: 'Chiropractic is the philosophy and science of the cause of dis-ease, the art of detecting and adjusting subluxations of all the articulations of the human body, especially those of the spinal column, for the removal of pressure on spinal nerves.'"

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On September 11th we sent forth a denial of possibility of any medical board ever conceding such a definition. To do so is to deny hypothesis of medicine. They held 100 per cent of legal power; they proposed to use it. Why would they now concede anything to or grant us any rights when they intended to chop our heads off?

At that time and in that letter, we made following remarks:

(1) Imagine, if you can, a "committee of Chiropractors met with a committee of State Medical Board," and as a result Oswalt infers *they* framed up definition which follows in next paragraph. This is sweet oil poured on meat after it was put on hook.

(2) "Following is *our* definition." Who is "*our*" in this case—Chiropractors, medics, or both? We are of opinion that Oswalt *could* just as well have put this elusive, delusive and slippery statement into *positive* language, and we would then have

known whether "committee of the State Medical Board" had also agreed to this definition or not. We can agree that this definition is good, quite befitting, and what Chiropractors of Ohio have a right to expect from "a committee of *Chiropractors*."

(3) Let's reason common sense. Here is a definition that's fine, true to Chiropractic. We are led to believe (but not told in positive language) that this definition is result of a conference of two committees, one representing Chiropractors and other "State Medical Board." We have been further led to *infer* that after it was made by these joint committees, they agreed to it, both committees signed their names to it, as it were, and thus ratified each other's thots.

Assuming that what Oswalt wants us to assume is true, that medical men have O. K.'d this definition, do M.D.'s believe it? Does medical profession believe it? Does this "committee of State Medical Board" believe it? Believe what? That "Chiropractic is the philosophy and science of *the cause* of dis-ease." What does this do to bacteriology, etc., etc., etc.? *If* they do, then they deny fundamentals of medicine. Do they *hate* to sanctify Chiropractic now, to loss of medicine, to entice us into their baited trap? Do *they* sanction this definition? Oswalt would let us literally hope that you will so construe it by inference.

If medical men are at this last minute admitting Chiropractic, *why*? If medical men are, at this late hour, conceding our every contention, *why*? If they are coaxing us on with their sweet oil, their fat and juicy meat, *why*?

Definition *actually* adopted by State Medical Board is vouched for in following language, extracted from a letter written by Geo. H. Matson, its secretary, to Henry Meier, under date of September 16th:

"In consideration of the definition of Chiropractic, the Board was rather inclined to the one which you offered, but modified it so that it reads as follows: 'Chiropractic is hereby understood to be the detecting and adjusting by hand only of vertebral subluxations.'  
Very respectfully, Geo. H. Matson, Secretary."

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Coupled with defining clause of Medical Practice Act, it will be seen that definition given to "Chiropractic" by medical board is *very* restrictive. That clause is as follows:

"Sec. 1286. A person shall be regarded as practicing medicine, surgery, or midwifery, within the meaning of this chapter, who examines or diagnoses for a fee or compensation of any kind, or prescribes, advises, recommends, administers or dispenses for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance, application, operation or treatment of whatever nature for the cure or relief of a wound, fracture or bodily injury or infirmity or dis-ease."

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Two years ago Pennsylvania boys were satisfied when they were told that there would be appointed an "Advisory Board" who would help conduct examinations for Chiropractors. This "Advisory Board" has been appointed twice; they sit, and that is all they do. They have never met once amongst themselves, let alone meeting, counselling, examining, or doing anything else with or for medical board.

In our analysis, it will be recalled that we assumed position that men who wanted to gain absolute and dictatorial control of practice of healing art were allopaths. They wished to be controlling vote on State Medical Board; they wished this position that they might control rules and regulations, licensing and revoking licenses. Same set of men wished to control educational requirements, preliminary as well as examinations to be taken by applicant.

Therefore, to get control was all-embracing feature. This they did this winter with form of legislation they attained, by and with consent of Chiropractors and other practitioners vitally concerned.

Now comes forth proof. Cincinnati (Ohio) Times-Star of June 8, 1915, has article which is herewith quoted as proof of correctness of our analysis.

"There are too many," is cry in this paper. Education is a wonderful factor in allaying public sentiment, especially if it comes before butcher arrives. Medical trusts are aware of value of publicity, even if Chiropractors are not.

It will be keenly discerned that this article is written by an allopath, regularly and duly empowered with authority of State Board to spread poison. Note how adroitly he makes his repeated arguments against "sects," more particularly aiming at homeopaths, but designedly pointed his gun squarely at us and our friends.

Article is as follows:

**"HEAD OF CARNEGIE INSTITUTE EXPOSES TACTICS IN  
COLUMBUS TO ASSIST MEDICAL SCHOOLS**

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**"Dr. Pritchett Says It Would Have Added Enormous Expense.**

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**"Ineffective Institutions, He Declares, Were to Be Fostered.**

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**"Criticism of the Work of Legislators Voiced in Formal Report.**

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"The report of Dr. Henry S. Pritchett, president of the Carnegie Foundation for the Advancement of Teaching, has been received in Cincinnati. It is regarded as of great importance, not alone to physicians, but also to citizens of Ohio generally. Professional men declare that whatever Dr. Pritchett says about medical education is well worth considering, as the Carnegie Foundation has done more than all other forces combined to raise medical education to a high plane. The report issued a few years ago by the Carnegie Foundation through Dr. Abraham Flexner is regarded as memorable. It was based on extensive investigation and visits of able men to every one of the medical colleges of the country and showed in what a deplorable state a large percentage of the medical schools were at that time. The light of exposure thus thrown upon them forced many of those inferior schools out of existence. However, the Ohio-Miami college, now the Medical Department of the University of Cincinnati, was ranked in the "A-plus" class—that is, the highest rating, along with Johns Hopkins and the Harvard Medical School.

**"Dr. Pritchett Discusses the Tactics That Were Used in Columbus.**

"In the following latest report of Dr. Pritchett he gives an exposition of political methods adopted in Columbus to have the State of Ohio burdened with an enormous expense to maintain two medical schools that were situated in Columbus and Cleveland.

"The most noteworthy movement in American university education in the last decade has been in the field of medicine. The school of medicine has become a true university school, and has come to realize its obligations to the community and to the public health as never before. As a part of this whole movement, the output of uneducated and ill-trained physicians from weak medical schools has greatly diminished, although the number of medical schools is still far in excess of the needs of the country. This notable educational advance has come, in the main, from influences outside the universities, and most of all, from the leaders of the medical profession itself.

"Many factors have complicated this forward movement of medical reform. Perhaps the one most in evidence is what is known as medical politics. For more than two generations medical teaching has been a pre-requisite of the medical practitioner. A place upon the staff of a medical school has been sought not only because it gave to the practitioner better standing, but also

because it insured indirectly a large income. In many states medical politics has been extended into the domain of legislation by the effort of practitioners to obtain concessions for rival schools.

"The development of good medical schools during this period of reform has also been influenced by the attitude of the universities and colleges. Fifteen years ago the universities assumed the responsibility for their medical schools in very few cases. They simply sheltered a group of practitioners who collected the fees and conducted the school. The last few years have brought sharply to the consideration of university authorities not only the cost of modern medical education and the enormous overproduction of physicians, but also the responsibility of the university for the ideals and the support of the medical school which it harbors.

"It is still true, unfortunately, that institutional ambition, characteristic of American colleges and universities, has prompted a certain number of them to shelter medical schools to which they could furnish neither ideals nor support.

"In the midst of these divergent forces — medical reform, medical politics and university ambition — the American Medical Association, through its Council on Medical Education, has been the most active agent for betterment in medical teaching, in the furnishing of requisite laboratories and hospitals, and in the placing of medical institutions upon a sound basis.

"The Ohio State University, through its governing body, has, during the past summer, adopted a policy with respect to medical education in which at least some of the factors just mentioned have played a part. The university, by a resolution adopted in January, 1914, accepted the property of the Starling-Ohio Medical School in Columbus, and constituted this school the department of medicine of the Ohio State University, thus becoming responsible both for the standards and for the support of the school. A few months later it also announced its purpose to establish a college of homeopathic medicine, and accepted a homeopathic school in Cleveland, transferring the student body from Cleveland to its own campus. This action, in view of what had gone on in medicine in the United States during the last ten years, is so remarkable, and of such significance to every college and university as well as to every medical school, that it deserves consideration at some length. If the policy adopted by the Ohio State University is one to which other States must come, the decision is one of far-reaching importance. It is for this reason that I have sought to obtain as fully as possible the consideration that induced the Ohio State University to undertake this program of medical education.

"In making this effort I have conferred with the Board of Government and the president of the University, with the medical schools themselves, with prominent practitioners of both schools, and with the Council on Medical Education of the American Medical Association.

"The process through which the board was led to take its action is described by them in some such terms as follows: The members of the board had no desire on their own initiative for a medical school. They were, in



fact, doubtful as to the need of such a school and as to the ability of the university to support it. They were, however, appealed to most strongly by members of the medical profession connected with the Starling-Ohio college to take over their institution. It was urged that only in this way could the medical school in Columbus be continued, in view of the raising of standards and the decreasing income from tuitions. Furthermore, it was urged upon the members of the board by the representatives of this school, and by other physicians, that it was the duty of the State University to provide medical instruction. Finally, and chiefly through the efforts of the representatives of the Starling-Ohio Medical college, the Secretary of the Council on Medical Education of the American Medical Association appeared before the board and urged adoption of the Columbus school. In addition, he describes the Starling-Ohio college as one of the strong medical schools of the country, a school which the Council on Medical Education was ready to place in the same group with Johns Hopkins and Harvard. It was on such representations, the Board states, that they were induced to consent to the adoption of the Starling-Ohio college, provided a suitable enabling act was passed by the legislature. This enabling act was introduced into the Ohio legislature by the dean of the Starling-Ohio college, and without support from the trustees of the university. Inasmuch as the president of the university was also the president of the board of trustees of the Starling-Ohio Medical College, a friendly co-operation may be at least assumed. In the legislature the bill ran against a snag. The Homeopathic physicians of the state objected to establishment upon a state foundation of a college of medicine under the control of what they denominated the 'regular' doctors. The governor of the state at the time was strongly devoted to homeopathic medicine, and the homeopaths were in a position to defeat the bill. This they frankly announced they would do unless provision was made also for a homeopathic school of medicine under state control and support. The story of the negotiations by which this impasse was removed is not entirely clear. The board of trustees of the university insist that they gave no assurance that a homeopathic school would be established. The homeopathic physicians state frankly that they received satisfactory assurances that the homeopathic medical education would be taken care of before they let the bill through. The university and the homeopaths seem to have come to terms at a conference held in the governor's office. Whatever may have been the difficulties in the way of the bill, they were removed, and on April 18th, 1913, the bill was passed.

"The next step in point of time seems to have been taken by the Council on Medical Education of the American Medical Association. At this time its classifications of colleges was as follows:

"The highest class was designated under the term A plus, the class designated A the third, Class B; and the lowest, Class C. The Starling-Ohio Medical College was in Class A — the second class, a fairly generous rating for it.

"On December 27, 1913, the council passed the following resolution of encouragement, which was transmitted to the trustees of the university:

"Resolved, That if Ohio State University takes over the Starling-Ohio Medical College, maintains its present standing and provides adequate financial support for its future, the school will have fulfilled the requirements for a Class A Plus rating.'

"It is quite evident that the Board of Trustees of the university, after the passage of the enabling resolution in April, 1913, had some misgivings as to its ability to take over any school at all. It is equally evident that the representatives of the Starling-Ohio college, who saw approaching bankruptcy, were using every means to unload the burden of their medical school upon the university. In this effort they had the hearty support of the Council on Medical Education. It goes without saying, however, that the council did not know of the contemplated second school, nor does it seem probable, in view of subsequent developments, that the board took at its full value the reference made by the council to the necessity for 'adequate financial support.' In fact, the course of adequate financial support seems never to have figured prominently in the deliberations. There was a general feeling that if the state became responsible, the support would be forthcoming. An extraordinary high estimate appears to have been placed on the value of the property of the Starling-Ohio Medical College. This property was in most respects obsolete for medical teaching, and in cash represented a sum insignificant in the establishment of a modern school of medicine. The Starling-Ohio college had, in fact, little to offer a university intending to start a high-grade school of medicine.

"Very soon after the receipt of this assurance from the council the board of trustees decided to take over the Starling-Ohio Medical College, and four months later resolved to establish a college of homeopathic medicine, to be opened the following school year. The university was thus committed to two medical schools, for neither of which was there any assurance of support.

"What apparently happened was this: The board at the beginning, doubtful of the desirability of taking over the Starling-Ohio, finally made up its mind to do this, provided the legislature gave the necessary authority. Confronted by opposition in the legislature, due to rivalry between two groups of practitioners, and apparently having little information concerning the travail through which American medical education has gone in the last ten years, and lacking any definite opinion of its own regarding medical education, the government of the university decided to placate both medical factions, and, by giving a school to each, to secure the support of both for legislative appropriation. By this process a question which was primarily educational and scientific was settled finally upon what in the broader sense must be called political grounds.

"Notwithstanding the high respect one must have for the governing board of the university, it is difficult to review this action without protest. The actual need of a medical school at this time seems to have received slight consideration. Ohio is overcrowded with practitioners, and in Columbus and its vicinity this overcrowding is excessive. At the end of this paper are given certain statistics regarding the number of medical practitioners in the state,

from which it is evident that even if no school of medicine were conducted in Columbus for twenty years, the region would still be over-supplied with physicians.

"The conduct of a medical school upon anything like a sound basis will cost the state not less than \$100,000 a year. In addition, buildings and hospitals must be provided, the cost of which, at a low estimate, would be not less than \$1,000,000. Their maintenance would involve an expenditure of \$50,000 more. Something like \$150,000 a year is as little as a university can expect to spend upon its medical school and maintain it in a fair state of progress. Toward this sum the tuition fees would contribute but a small amount. To maintain two schools, a university must expend as a minimum something in the neighborhood of \$300,000 a year, and provide buildings well on toward \$2,000,000. It is not for an outsider to say whether or not the State of Ohio is a rich state and it can afford to do for medicine whatever it may find desirable. There are, however, few universities that would be willing from consideration of expense alone to make themselves responsible for a new medical school, to say nothing of two. Medicine is the most costly field of education in which a university can engage.

"The board has here not only allowed a question which ought primarily to be settled upon educational and scientific grounds to be settled by outside interests, but it has also committed itself to two schools, whose theories of medical teaching are antagonistic. A university owes to its state something more than quick obedience to outside pressure; the state has a right to expect from it educational leadership. The right form of medical education is exactly the sort of question that a university is supposed to determine for itself. For a modern university to stand sponsor for two conceptions of medicine—scientific and sectarian—involves not only a singular inconsistency, but a surrender of its educational leadership.

"The tendency is to make the state university a representative of every faction strong enough to demand representation, rather than to make it a courageous leader of the educational forces of the state. In the case of medical education, the state was entitled to the belief that the government of the university would have some views of its own with regard to medical education. If the educational policy that was pursued in this instance is to be continued, any other medical body which is able to muster enough influence in the legislature may demand a third medical school.

"A word ought to be said also concerning the advice given to the board of trustees of the university by the representative of the Council of Medical Education of the American Medical Association. The secretary of the council, in appearing before the board, urged strongly the duty of the university to take over the existing medical school, notwithstanding there was no assurance of support for such a school. Such advice is certainly questionable.

"The action of the secretary of the council in recommending to the trustees the Starling-Ohio college in such strong terms is still more questionable. The Starling-Ohio Medical College was the residuum of five medical schools which have existed in Columbus during the last eighty years. The final

consolidation, which occurred in 1908, formed the present school out of the Starling-Ohio school and the Ohio Medical university. Since this consolidation, the school has made great improvement. Its departments of anatomy, physiology, chemistry, pathology and bacteriology have been placed upon as good a basis as the income of the school admitted. The income is entirely from fees. These departments are all manned by poorly-paid and hard-worked teachers. The staff of clinical and surgical teachers is made up of practitioners retained from the various combinations and consolidations that have been made. There are, for example, six full professors of surgery, all practitioners, the university having added one since it took possession. That this school, facing extinction, should make every effort to have itself taken over by the university was natural, but that the council on Harvard and Johns Hopkins should commend it upon such terms to the trustees of the Ohio State University, is not only unjustifiable, but goes far to stupefy the standards of the council.

"The Cleveland-Pulte School, which made the homeopathic school of the university, was of the weakest description. It was graded by the Council on Medical Education in its fourth Class C. In comparison with its facilities, those of the Starling-Ohio medical college were admirable. In taking over this school, however, the university wisely chose a completely new faculty, made up of non-residents, mainly younger men with modern medical training. The clinical and surgical professors are, therefore, salaried men, giving their time to the college and the tiny hospital just fitted up. The homeopathic school is thus already more completely on a university basis than the older school.

"The acceptance of this school—notwithstanding its unenviable reputation—secured two results. It gave, first of all, a body of students at beginning; but what was more important, it gained the support of homeopathic practitioners throughout the state. A large proportion of these are graduates of either the Cincinnati-Pulte School (now defunct) or of the Cleveland Homeopathic School, later absorbed into the Cleveland-Pulte. This motive is distinctively appealed to in the first bulletin of the university issued in the name of the homeopathic school. The way has been made entirely clear for each group of adherents to work for the largest possible appropriation for its own school. This involves two departments of anatomy, pathology, bacteriology, and other medical sciences, no less than the duplication of clinical and surgical chairs.

"The non-medical reader, brought up in some medical faith, whether allopathy, homeopathy, osteopathy, or what not, seldom realizes how completely modern science has swept away these sects. It does not ask whether a man comes in the name of the one or of the other. Modern medicine has as little sympathy for allopathy as for homeopathy. From the scientific point of view, medicine is a process of reason and practice in which the effort is made to use all knowledge to effect practical ends. It is ready to try promising experiments from any source and to abide by the results.

"There is a fundamental reason why a man of scientific training, familiar with the inductive science which is the common ground of all scientific

progress, is compelled to look upon the homeopath as a sectarian, and is led to think that a modern university cannot afford to stand for any other conception of medicine than that of scientific medicine. Homeopathy, as a system of medical practice, arose a little more than a hundred years ago in Germany.

"Homeopathy has now accepted the great aids to medicine afforded by the laboratory discoveries of the last fifty years. The well-trained homeopathic physician studies anatomy, physiology, pathology, chemistry, and bacteriology. In making his diagnosis, he uses the same tests of blood, of urine, of sputum. The difference comes in his attitude toward the use of these tests, and this difference is in a single field of practice, that of drug therapy. It is at this point that the man trained in science finds it hard to accept the homeopathic position, for it substitutes at this stage a dogma for the universal method of experiment and trial. Homeopathy asks the student trained in the inductive method to lay aside the scientific method when it comes to the use of drugs and to substitute for it a method of procedure founded upon an assumed dogma. While the man trained in inductive science will readily admit that there is little difference in the practice between the modern trained homeopathist and a man trained in the school of scientific medicine, while he might be ready to accept the homeopath as his physician, he nevertheless feels compelled to protest against the substitution of a dogma for the universal scientific method of experimentation. It is not so much a question of practice, assuming both men equally well trained, as it is of the difference in the attitude of mind. The very fact that the homeopath alludes to his system as a belief is itself a stumbling block, for physics has no fixed beliefs. It submits all to the result of fair experiment. Scientific medicine in America is slowly winning its way; but between the attitude of scientific and that of any system committed to a faith there is a difference which is fundamental.

"At the present day there is a great divergence amongst the homeopathists of the United States with regard to the acceptance of their fundamental theories. Practically all homeopaths accept the first — *similia similibus curantur*. A large proportion deny the second — drug potencies.

"Discoveries in medicine for the last fifty years have come in the main from practitioners of no school, but from men who were persuaded to investigate in the spirit of impartial scientific truth, pledged to no faith, governed by no dogma. For all these reasons a man of scientific training finds himself compelled to look upon homeopathic medicine as representing an unscientific attitude.

"For these reasons, also, the man trained in inductive science can not escape the conclusion that homeopathy in this country will in the long run lose itself — just as allopathy has lost itself — in scientific medicine. In Germany, the home of homeopathy, it has practically disappeared. With no discrimination against it, with the simple requirements that any man who wishes to call himself a homeopath must take the full scientific training of all other physicians, the numbers have steadily diminished. There are today

only about 250 homeopaths among the 32,000 practicing physicians of Germany. The same thing has happened in England, where homeopathy, introduced in 1828, has now declined to a point where some 250 physicians and a few hospitals represent the homeopathic movement.

"Today America is the home of homeopathy, as it is of all other medical sects. It contains more homeopathic physicians than all the rest of the world together. A large proportion of these physicians are in the middle west, and the feeling between the two groups of practitioners is stronger in this section than elsewhere. That this theory of medicine will disappear immediately is, of course, improbable. There is involved in its perpetuation too much devotion, too much feeling, too much faith, to make this possible; but there can be little doubt but that in the long run the distinction will disappear, and that homeopathy will be absorbed into the general conception of medicine as an applied science. That end will be reached all the sooner if those who are committed to this attitude will exercise toward homeopathic physicians that sort of courtesy and of intellectual hospitality which men in a learned profession ought to exhibit. No faith, whether it be medical, political or religious, will disappear in the face of unfair treatment or intolerant words.

"Towards all such bodies the trained man of science takes exactly the same attitude, and it may be summed up in these words: Whether a man undertake to practice in the name of one or another of these beliefs, he can not diagnose disease without a sound training in chemistry, anatomy, physiology, pathology and bacteriology. Given an educated man trained in these fundamental sciences, the state may safely grant him the license to practice medicine in the name of any body of practitioners with whom he desires to be associated. Such an attitude is absolutely in the interest of the whole people, and it would seem to be the only attitude consistent with the intellectual integrity of the university.

"Omitting all unlisted practitioners, nature healers, osteopaths and others, including men who have attended a year or two of medical school, but have never qualified for practice, and yet have a surreptitious practice, there are in the state of Ohio 7,912 physicians who seek to make a living out of its 5,000,000 inhabitants. This is at the rate of one licensed physician for every 630 men, women and children, or about three times the number of physicians per thousand of population that one finds in a thickly settled country like Germany, for example, which is generally looked upon as overstocked with doctors. Of the cities of Ohio, Columbus is the most be-doctored. It has one practitioner to every 520 inhabitants; Cincinnati has one doctor to every 560 inhabitants; Cleveland has one to every 800; and Toledo is fortunate in having only one to every 1,000 inhabitants.

"An extremely significant thing regarding the statistics of Ohio physicians is that, to a greater degree than in most states, they are home-grown. Of the 7,500 physicians from whom educational statistics were obtained, 5,568 got their training in Ohio medical schools. The Council of Medical Education of the American Medical Association classified medical schools into four groups, the first two of which are supposed to include all the medical

colleges that can be considered respectable. Of the Ohio physicians now in practice, 1,990 came from these two higher groups of medical schools, the plus group and the A group. But it is interesting to note that 1,019 of these better trained physicians came from medical schools outside of the state. In other words, the medical immigration to Ohio has been on a very much higher plane than the medical production of Ohio.

"A further examination of these statistics brings out some additional interesting facts. From the two lower classes of medical schools in the list of the American Medical Association, 844 practitioners of medicine are now at work in the state of Ohio. In all, 2,234 of the physicians today practicing in Ohio have been trained in institutions at present classified by the American Medical Association, whether they are good, indifferent or bad. In other words, nearly 5,000 members of the present medical service of Ohio received their training in institutions which have disappeared entirely, and mainly because they have been unable to live under the improved conditions of the last ten years.

"The following table shows the sources of training of 5,568 physicians trained in Ohio schools and now practicing in Ohio. Of the twenty-nine institutions which have existed as independent schools at one time or another, those marked with an asterisk are now extinct or merged with other schools.

CINCINNATI.	No. of Graduates
*American Eclectic Medical College.....	10
*Botanico Medical College of Ohio.....	1
*Cincinnati College of Medicine and Surgery.....	183
*Cincinnati Medical College.....	1
*Cincinnati Physio-medical College.....	2
Eclectic Medical Institute.....	399
*Hygeia Medical College.....	2
*Laura Memorial Woman's Medical College.....	18
*Medical College of Ohio.....	887
*Medical University of Ohio.....	2
*Miami Medical College.....	400
Ohio-Miami Medical College of the University of Cincinnati.....	98
*Physio-Eclectic Medical College.....	10
*Physio-Medical Institute.....	19
*Presbyterian Hospital and Woman's Medical College.....	3
*Woman's Medical College of Cincinnati.....	13
CLEVELAND.	
*Cleveland College of Physicians and Surgeons.....	388
*University of Wooster, Medical Department.....	104
Western Reserve University, Medical Department.....	467
COLUMBUS.	
Columbus Medical College.....	203
*Ohio Medical University.....	417
College of Medicine of Ohio State University (Est. 1914).....	
*Starling Medical College.....	695

<b>LEBANON.</b>	
*National Normal University College of Medicine.....	12
<b>TOLEDO.</b>	
Toledo Medical College.....	117

**Homeopathic Schools.**

<b>CINCINNATI.</b>	<b>No. of Graduates</b>
*Pulte Medical College.....	138
<b>CLEVELAND.</b>	
*Cleveland Homeopathic Medical College.....	186
*Cleveland Medical College.....	81
*Cleveland University of Medicine and Surgery.....	243

**COLUMBUS.**

Homeopathic College of Medicine of Ohio State University (est. 1914. Reported closed in 1914, following withdrawal of recognition by the Ohio State Medical Board). — (The Cincinnati Times-Star, June 8, 1915, Cincinnati, Ohio.)

**"OHIO HAS TOO MANY DOCTORS, IT IS CLAIMED**

"There are too many physicians in Ohio, according to an article written on the subject by Dr. Henry S. Pritchett, of the Carnegie Foundation for the Advancement of Teaching, made public by President Charles F. Thwing, of Western Reserve University, here today.

"Dr. Pritchett says 5,568 of the 7,912 physicians in the state were trained in Ohio Medical schools. (In Ohio there is a physician to every 630 population—three times the number found in a thickly settled country like Germany.) Says Dr. Pritchett, Columbus is the state's most be-doctored city, where there is one for every 520 inhabitants.

"Cincinnati has one for every 560, Cleveland has one for each 600 and Toledo one for every 1,000.

"Dr. Pritchett says only 1,990 Physicians in the state came from institutions classed as 'respectable' by the Educational Council of the American Medical Association, and 1,019 of these 'better trained' physicians came from medical schools outside the state." — (The Cincinnati Commercial Tribune, June 8, 1915, Cincinnati, Ohio.)

Apropos of statement made that Ohio State Medical Journal would and did comment upon what they had gained, let us quote articles in question:

"Optometrists, Chiropractors, faith-healers—in fact every shade and variety of would-be medical practitioners who seek license from the state to practice some limited form of healing seem to have one end in view. They demand that those in practice or who have been in practice for six months, or two years, or some other period, be licensed by the state without



examination. If the state acquiesces in this, they care not how high the restrictions may be placed for those who seek license in the future.

"To prove our statement, we have only to quote from an article in the *New York Optical Journal and Review* (March 11, 1915, page 640), which is the official organ of the optometrists. This writer, commenting editorially upon the situation, says:

"The real optometrists are those who actually examine eyes and supply glasses. The pseudos are those who do not practice, never have, but hope to some day if the chance comes. Both the real optometrists and the pseudos hold licenses to practice. When an optometry law goes through with an exemption clause attached, everybody who has the remotest connection with lenses applies for a licensing certificate and gets it, for he finds no trouble in filling out properly the necessary documents.

"The claim has been made that one-third of those who get exemption certificates are shop-men, errand boys and clerks in optical houses, or drug clerks with an eye to the future, or the relatives of real optometrists, who see a chance to put an anchor to windward for some future day of adversity."

"If the Ohio legislature comes to the serious consideration of any optometry bill, or similar bill, we suggest that they take the optometrists at their word and refuse to exempt any person. Let them all take an examination, and have that examination broad enough of the fundamental subjects of medicine and surgery to make a diagnosis. If he can qualify to that extent, he may practice optometry or any other limited branch which he might care to enter." — (Extract from P. 215 the April, 1915, issue of the *O. S. Medical Journal*.)

"The legislative committee of our State Society, through its delegated representative on the executive council, Dr. J. H. J. Upham, has brought to the attention of the council those measures in which our society was particularly interested. It has secured the support of those we favored, of the united effort of the 800 committeemen and the lay organizations, and the combined weight of the allied forces. For those measures which we regard as detrimental to public health, such as the cult practice bills, Christian Science amended, etc., it has secured the opposition of this really powerful organization.

"In turn, through our legislative committeemen, we have loaned the support of our society to bills in which we were not directly interested, but which we deemed were designed to promote public health. An instance of this sort was the support of the measure drafted by the Ohio Society for the Prevention of Tuberculosis, which materially changes the administration of the Mt. Vernon Tuberculosis Sanatorium. With combined support it passes the House easily and will pass the Senate.

"Leaders in medical legislation throughout the United States are watching carefully the Ohio plan. Dr. Frederick R. Green, Secretary of the Council on Legislation of the American Medical Association, has informed us that he believes every state society will in time resort to the plan adopted by your committee.

"This year, without doubt, the medical profession in Ohio would have been seriously menaced by the cults, the various healers and the optometrists, had it not been for the united front presented by the medical profession in connection with the Ohio Public Health Federation.

"We believe that every person familiar with the legislative situation will agree that it has proven the most effective plan ever worked out by any medical organization to deal with legislative problems. We feel sure that it can be strengthened in another year or so, through profiting with our experience this season." — (Extract from P. 237 of the April, 1915, issue of The Ohio State Medical Journal.)

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On P. 256 is a reproduction of compromised bill, and inserted in a black square box, set out in black face type to call particular attention, is article which now follows:

#### **"THIS IS IMPORTANT**

"Please read this Bill carefully, as it has the support of the state legislative committee — its provisions having been agreed to on March 9th, at the conference with county auxiliary committeemen.

"It will pass the Senate, despite the crowded condition of the legislative calendar, if members of every county society which has endorsed the measure will make certain that the senator from your district is fully informed as to the attitude of the medical profession, and that we favor this bill as it stands.

"Remember his point: This bill has the name and calendar number of the original Chiropractic Bill, which we fought, and which many physicians asked their representatives to kill.

"Therefore, to avoid confusion, it is absolutely necessary to again write your senator, stating that while you were originally opposed to this measure, you now approve of it in its amended form."

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On P. 259 of same April issue of O. S. M. J., we note these comments:

"On April 5th the Platt-Ellis Substitute Cult Practice Bill, which was worked out in connection with the House Committee on Public Health, was taken by vote from its position at the foot of the crowded house calendar and placed at the head. The next day, in the House, it was passed by a vote of 104 to 0, and is now under consideration in the Senate."

#### **"THE CULT BILL**

"The Platt-Ellis Cult Practice Bill (Am. H. B. No. 220), which was drafted in direct conformity with the wishes of the State Legislative Committee, and which was approved by most of the county medical societies before it was introduced into the House, in the main provides for the following:

"The registration by the state medical board of all persons desiring to practice any limited branch of medicine, including Chiropractic, optometry, mechano-therapy, chiropody, massage, electrotherapy, etc., following an examination under the direction of the state medical board in the essentials of medicine. This examination, the law states, is to include anatomy, physiology, chemistry, bacteriology, pathology, hygiene and diagnosis.

"It places the entire control of these cults in the hands of the State Medical Board, and directs that the board shall call to its aid groups of persons who practice the various limited branches to conduct the examinations. It provides that all persons licensed by the state to practice any of these limited branches shall refrain from treating infectious, contagious or venereal diseases, shall not administer drugs nor attempt major surgery.

"This bill is a compromise measure, and was worked out by the State Legislative Committee in connection with the County Auxiliary committeemen at a conference in Columbus, on March 9th. Its enactment by the Senate will bring about an end to the continual legislative bushwhacking that has been engaged in for years between the state medical society and the organized cults.

"After this bill was agreed upon by the legislative committee it was taken up, in detail, with the state committee of each of the cults affected. The Chiropractors, who had secured considerable support for their measure (H. B. 220), consented to its provisions, and agreed to permit it to go in as a substitute. The naturopaths, who had sponsored a bill introduced by Colonel Knox, of Marietta, agreed to withdraw their measure and support this.

"With the support of these three organizations it was comparatively easy to bring about the enactment of this bill in the House, and it is believed it will pass the Senate at an early date."

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On P. 315 of May issue of Ohio State Medical Journal, we note these comments, in direct reference and under discussion of "Cults Bill": "There has been criticism in some quarters as to the character of the work of the present General Assembly." One thing, however, is certain: *Ohio State Medical Association has no cause for complaint.*

P. 316 says: "For a time it was feared that McDermott amendment would make it necessary for the friends of the measure to ask the House to kill the bill entirely, but a later checking up developed the fact that the cults are so new that very few of the limited practitioners have been at their work for five years in this state."

Appearing originally in Cincinnati Enquirer, and later to be reproduced in May issue of Ohio Medical S. J., is following article. If its general thot and spirit were not endorsed by Medical Association of Ohio they would not have reproduced same. It is one of obvious ways of giving to their membership that which they believe, but would not care to go on record as having written themselves. Article follows, as published in the O. S. M. J.:

"Mr. Faulkner, in his usual entertaining style, deals lightly with the Platt-Ellis cult measure.

"Mr. James W. Faulkner, dean of the Columbus legislative correspondents, made the following editorial comment upon the Platt-Ellis cult practice bill in a recent issue of the Cincinnati Enquirer:

"This authorizes the licensing as 'limited practitioners' of bone-setters, bone-shakers, muscle-kneaders, back-slappers, Chiropractics, spondylotherapists (whew!) corn doctors, and Turkish bath rubbers, as well as suggestive healers and pollypathists who 'con' their patients out of the thought that they are sick. Those fellows and the regular ethical doctors have been fighting each other for decades like irritated bob-cats. The regulars, having the police on their side, have been chucking the other chaps into jail, and the limited bunch has been appealing to the General Assembly to have the 'medics' lifted off their backs. This session they got together and compromised, something after the fashion that the lion and the lamb fixed up the matter of lying down together.

"The limited practitioners who have been operating for five years in Ohio are to be licensed by the State Medical Board upon the slinging of a twenty-five dollar fee. But here's the joke: henceforth they will have to practice under rules laid down by the ethical doctors, and they'll be some rules, too. If they violate any of them — bing! to the dump! And that isn't all. Hereafter a limited practitioner in order to cut corns or rub a souse in a Turkish bath will have to stand an examination in anatomy, physiology, chemistry, bacteriology, pathology, diagnosis and Hoyle on Games before he can get a diploma. He'll stand a fat chance, we don't think. Not only that, but the ethical group will have the power to pass upon the eligibility of colleges, schools and instructors in these branches of 'limited medicine' to issue certificates of graduation. In other words, those that now are in business can stay in, but they will have few successors, if any.

"Those wise fowls, the optometrists, or 'speck peddlers,' sniffed the bait and had themselves excluded from the bill. They didn't intend to give the ethical oculists a club with which to batter out their brains. Nixy! Next winter a year, when the 'limited' persons awake to what has happened to them, they'll be back here wanting more remedial law — and won't get it.

"It is conceded to be the most advanced example of cult legislation in the country. The fate of the bill was watched with interest throughout the country and several other states are watching this growing evil of unlicensed

and unrestricted cult practice. At the expiration of the referendum period the state medical board will, in accordance with the provisions, commence the registration of all unlicensed limited practitioners. Those who have practiced five years will be given licenses without examination. Others now practicing will be examined only in the branches which they practice, but their future operations will be under rules and regulations established by the State Medical Board. Those desiring to take up these branches in the future must submit to a complete examination in those subjects that are necessary to qualify the applicant to make a diagnosis."

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## CHIROPRACTIC — A PROFESSION OF BACKBONE CHIROPRACTORS — A PEOPLE WITH BACKBONE

This is situation you face. You come to school for a year or a year and a half, and you realize greatness of this work. Chiropractors possess knowledge of cause of all dis-ease; have ability to correct that cause; know art of making it possible for sick to get well; and realize utter inability of all preceding professions to do that. You enter field, open an office, get a practice and patients get well, and you swell up with pride. Then on a morning that is dark and gloomy at best, when you are feeling rather blue to begin with, there comes a knock at door, and in comes a man who looks big to you. He opens his coat, shows his star — he is sheriff. At that minute, if you could, without having it look bad, you would run. When you see that sheriff you get excited, you picture yourself arrested, a branded man. *Brand is mark of honor when right. It is only a disgrace when wrong.* Any man who is right can force a fight.

You get excited, you quake, you fear, and first thing you telegraph us: "I have been arrested, hurry up, quick; what will I do?" We can see you the minute that sheriff goes out. You get out your handkerchief and cry: "You are branded a criminal." Ashamed of yourself, your patients, your profession, you wish you had never taken it up, sorry you are where you are, want to run to next state right away. That is the way you feel, and that is the way you act. Next week rolls around, up comes sheriff again; each time he comes you feel that much more the criminal. Then along comes an Oswalt spieler: "Here's the solution — we are going to meet with the Medical Board in Columbus and get you a license, and then they can't arrest you." You say, "Oh, joy, glory be! that takes a big bugaboo off my mind." You say to

Oswalt, "Get me a license. I don't care what it costs or what I must sacrifice, but get me a license which will keep the sheriff away from my door." Boiled down, that is what it amounts to. Well, but, say we, says Colonel Long, says Tom Morris, says Fred Hartwell: "What price are you willing to pay to get that license to keep that sheriff away?" and you say, "We are willing to pay *any price*." Many who were willing to meet that price, urging Oswalt on, have put Oswalt and Ohio where they are; just the same as many girls wishing to sell their virginity and chastity make houses of prostitution what and where they are; many men wishing to sell their rights to control the drinking of liquor make saloons and breweries what they are; many boys and girls wishing to make an "easy" living and not work for it begin stealing, and finally end up in penitentiaries and make them what they are. Price of sanity is cost of sexual control, to not attempt to regulate it in some manner is to fill insane asylums and make them what they are. It is that reckless, careless indifference towards sacrifice, thinking to win, that makes all these conditions what they are, and in scrap heap of junk must now be ditched Ohio until it proves itself worthy of crawling out.

Humanity of Chiropractors in Ohio differs but little from those in Colorado, California and other states. Same heart-throbs that would weaken to medical trust in Ohio have done so in some other states. Same girls that would fall for prostitution, men for drunkenness, boys for thieving and girls for passion in one state will also be found in other states. It's a question of ignorance, therefore motive of this article is to forewarn, forearm Chiropractors of every state what will happen in theirs if they don't become posted and resolve not to duplicate Ohio, which has been our example all thru this article.

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### "AN INVISIBLE GOVERNMENT" — OUR MARY MAGDALENE — WHERE IS ITS CHRIST?

What does all this talk about legislation of various kinds lead to? When we boil it down, ideal legislation, unquestionably best existing in United States or any place today on this subject, "e pluribus unum," the "multum in parvo," is that of Wisconsin.

There is one conclusion we must impress upon your minds. There is only one way of saving this situation. When you go to the legislature — we don't care who you are — have one fixed determination, and do not compromise, under *any* circumstances, promises, assurances or inducements of any kind; if you do you will get this Ohio brand of legislation fastened upon you.

At Columbus meeting in question Ohio Chiropractic association named three members to act as that committee. We met Matson that evening in hotel and said, "What are you going to do with that committee of three?" He said, "We won't stand for that. We are going to get three that suit us. If the first three don't, they can suggest six, and if out of those we don't get three, they can name nine more, and if out of those we don't get three we want, they can name fifteen more. We will keep on until we get three dubs we can control. The law says three, but we will say *which* three it is" — and Oswalt fell for that promise.

Here is proof of that latter statement in a form letter sent to Ohio Chiropractors:

"302 East Market St., Warren, Ohio, June 9, 1915.

"Dear Friend:

"Replying to yours of the 7th inst. The enactment relating to our practice will become law about August 1st, and all requirements pertaining to our licensure will have to be complied with between that date and October 1st.

"I am having our attorney take up some matters with the medical board, and if they have really made statements, as to what we shall and shall not do, that I understand they have made, I shall try to start a defensive movement at once, even if it forces us into court.

"You know the enactment of this substitute bill was at all times and is now just as unsatisfactory to me as to you or any other Chiropractor, but under the promise that our Examining Committee should have control of all licensing, to bridge over the present crisis, it was thought best to accept this bill. It was this bill or nothing. They had the power to control the majority of votes in the General Assembly, and the moment we quit the way would be clear for the medics to swing anything against us they pleased. I am sure they would have gone their limit.

"My contention now is on Dr. Matson's promise that our committee shall have entire control of licensing those who have practiced in the state one year, and this to include all those who matriculated one year prior to June 1, 1915.

"If on their part the devil's tail begins to creep from under his cloak at this time, I shall favor a test of the whole matter in court.

"With best wishes, I am yours very truly. (Signed) John H. Oswalt."

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## HOW CAN OUTSIDE UNSAVED BE SAVED INSIDE BY INSIDE SAVED?

This winter when legislature meets, inside saved will see no necessity for a change in law; they have a license. Outside unsaved can't see any necessity for their chancing another law, because they are practicing in another state. Inside saved see no necessity for wasting their money and time to change a law that would but give them another kind of license if they succeeded. Outside unsaved see no necessity for wasting *their* money and time trying to change law of another state that they are not now practicing in, on a gamble that they might change it. Inside saved and outside unsaved would not unite on a common ground for a change, for when license-satisfaction grips you, indolence and indifference follow. Majorities make law by common consent; majority of inside saved are now indifferent to a change and refuse to endorse it financially. Majority of outside unsaved are now working for a straight board and bill in that other state in which they are now practicing; therefore, refuse to endorse this attempt in this state financially. Inside saved would be in a position to lend great strength and many testimonials of local people, but they have lost interest. Outside unsaved are at a great disadvantage.

But, says inside saved: "Two years hence, even tho unsaved are outside because political prestige of people of another state has no pull in Ohio, we will change law ourselves." This seems rosy and prosy. Let us assure you that first division weakened you in numbers, and ratio of inside saved has been decreasing ten per cent annually. Your strength has been getting annually weaker rather than stronger. Then there is lost added strength by new members that you don't get that should be considered. This is true of osteopathy, year by year, in states where legislation of this compromised kind has been put over. It is also true of Chiropractic in those states where we have had two and four years' experience — Washington, Pennsylvania and Michigan.



This idea of compromising a bad law *now* with that of *future* amendments is as bad as giving man poison *now* to see if it will kill him, and if it does, then try a future antidote we have heard tell would keep him from being buried alive.

*There is no such thing as a safe compromise.* There is no compromise going to come to you from medical man, who, in his own family, is cutting off supply to reduce number of physicians to ratio of one physician to two thousand in population, to earn a respectable living. If he is checking growth in his own family, what will he do to hybrid he despises that is out in the cold? He will naturally kill us off first, and kill his own family next.

Admitting that all this is an evil, what is cure? That which comes from outside does not, cannot, because of very nature of movement itself, cure that which is sick. For every effect there is a cure. Medical men recognize their inability to do the thing — get sick well. They begin a process of legal treatment of disease just as they continue a system of therapeutical treatment of dis-eases of their patients. They diagnose, then treat, legally and pathologically.

Chiropractor admits same short-comings in his practice same as he admits same necessity for some sort of action legally. Physician is here, irregular is here. So long as former fails, humanity will ever be on outlook for something that will do that which physician, entrenched, fails to do.

Public feels they have certain rights in such personal and private matters. Physician feels that public is ignorant, hence is incompetent to pass upon such vital scientific questions. Physician takes this power from people, by legislative means, to sincere end of thinking that he, and he alone, is qualified to say what people need whom he serves. Public have granted him this power, that he might prove his contention that if he had power he would not abuse it, but would be able, with the use of that power, to cure sick, which, without that power, he could not do. He has had this public-given power for fifty years. He has abused it and he is no nearer to curing sick than he ever was. He is still treating sick, and treating legislatures with his story of "more power, more cure."

## STATUTES ARE SELFISH — LAW IS LORDLY

Everything in this world is governed by law, one, not many. These parchments written upon by medical men in legislatures as statutes are selfish and have such an end. Ultimately all things which flow from law flow back to law if abused. If mankind is in line, in tune, in accord, in harmony with law, that soon does he get healthy results which follow. If he is out of line, out of tune, out of accord, out of harmony, just that much does he suffer in business reverses, loss of professional growth, loss of scientific success, loss of wisdom. We gain when we are with law and we lose when we are against it.

It is not in accord with law for mass to give to class that which belongs to mass. Right to choose a lawyer, preacher, doctor, is an individual right and collectively a mass right. Whether he is competent is an individual right that each man alone must settle. What is food to one is poison to another. Legislative class have seen fit to give to medical class privilege of choosing doctor and doctoring for him. They have abused this power by restricting growth of newer and more successful ideas under guise of helping people, when in reality motive was a competitive livelihood.

There is a new era coming in making of legislation in legislatures. It started in Wisconsin, it is spreading to other states. It is known as "*The Wisconsin Idea*." This "Idea" is briefly that which is inherently personal must always remain such; that you cannot take away personal prerogative rights of individual; that individual has right to say who shall be his doctor; that individual also has right to say whether he is competent or incompetent; that they possess power to permit him to practice or withdraw that right; that this is a part of process of theirs in making statutes, passing upon their application, and that it is for public to say whether a man is competent or incompetent and whether he should be permitted to continue to practice or not.

Medical men appear before legislatures. They ask for and get power which is veritably stolen from people without their consent, and that which is taken from people without their knowing it will go back to people at their request (in a democratic government) is a foregone conclusion, providing they want it.

This new era referred to is that the power on personal privilege on health questions is now in hands of a trust. That power must

be returned to people. It is in hands of a few; it must be returned to many.

There is a new era in therapeutics coming upon scene. Chiropractic! We can come only as medicine goes, vacuum does not exist. We are in vanguard in therapeutics; why not be in vanguard in legislation?

Average Chiropractor looks around him. He sees few medical men with state power. He is suffering from this use of power few possess. He sees that public are suffering, for if Chiropractor could work without violent molestation, he could get sick public well. Instead of Chiropractor studying this situation as he studies ills of mankind, *by hunting for a cause and adjusting it*, he falls into legal rut well established by medical men, approaches legislature and asks them for another class power that Chiropractic class power might fight medical class power. How much better it would be if he would get in line with Divine Law, take conditions as they naturally are, rather than to further force them artificially into something they never can be, then he would understand that public will is law and he should get en rapport and swing public favor against class domination, and thus be free to do that which he wants to do; he should adjust causes of evils rather than fight one dis-ease with another.

From average Chiropractor's viewpoint, there are three ways of correcting present series of evils:

1st. Compromised legislation, wherein Chiropractor leaves balance of power in hands of medical men. This does not change treatment to an adjustment. It perpetuates treatment process and forces Chiropractor to take medical-legal treatment.

2d. A straight bill and board, wherein Chiropractor has a separate bill which entitles him to a separate board. This does not correct condition, because it but again perpetuates same evil of power of mass being in hands of a class, only it does it in same way upon another subject. This method has proven to be a failure with medical men; it will be same failure with Chiropractor. Reason it will fail is that it contradicts law.

3d. *Wisconsin Idea*. Second solution (?) takes all power from people; third leaves all power in hands of people. It leaves them to select, judge, pass upon, eliminate and ostracize, if they

wish. It leaves people to choose their doctor with same judgment they buy hogs, horses and select wives and husbands. Public gives to public right to buy and sell everything but their doctor's services, and this the privileged class do for the mass — to their own advantage and public's disadvantage. No wonder it contradicts law and thereby is a losing proposition.

For years past, Chiropractor has been sweating under yoke of this class domination; this dollars-for-doctors rule. We have been arrested, accused of "practicing medicine without a license for a fee," for past twenty years. We have flourished and thrived. *Who* was our savior in these times of trouble? *Public*. Then, if we can trust people in past, if they have proved to be our friend, why not trust them to take care of future with same good judgment they have in past and present? We are a great believer in public will and mind; they will do what is right at all times under all circumstances. History proves it. It is *the class* which have always made trouble, when they stole from the mass the class power with which to do it.

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### A UNITAL PRINCIPLE OF A UNIVERSAL LAW

*Wisconsin Idea* leaves power of indictment in hands of grand jury. It leaves power of complaint of injury or fraud in hands of people themselves, who may apply directly to proper officers for redress. It leaves power to convict or acquit in hands of petit jury, who, after listening to facts of evidence can say what is right or wrong in any certain issue which may and does arise. It places no arbitrary power in hands of a selfish class board of five; it leaves it in hands of those who are serving and being served and are paying for same; exactly as is case with any other material or intellectual commodity which they secure in a store or school.

Approaching legislature, Chiropractor is confronted with following argument against second treatment possible. "We have entirely too many boards in this state now. This matter is entirely in the hands of our Educational Division, 'or,' our Board of Regents, 'or,' we are powerless to appoint another board, because we have a statute which prohibits it. The only thing we could do would be to appoint the Governor as the board and let him appoint five secretaries to himself to do the work of the

board," which is an evasion, at its best, of fact that there are entirely too many expensive boards in this state.

A democratic government consists of government for the people, by the people, with the people. There is little democracy in United States of America when it comes to public health. It is coralled in hands of a few, who use it to utmost.

*Wisconsin Idea* consists of a simple amendment:

"The reputable Chiropractors may practice their profession in this state, provided that they do not represent themselves to be or hold themselves out as registered or licensed; and provided further, that there is conspicuously displayed in their offices or places where they practice their profession a sign or signs containing the following words in large and legible type: 'Not registered or licensed in Wisconsin.'"

Success of this movement lies in one word "reputable," which insures standard. And power is in hands of a jury. *Wisconsin Idea* is an adjustment for future.

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Mr. Fred H. Hartwell, counsel for Universal Chiropractors Association, and for ten years a student exclusively of medical legislation everywhere, after weighing this *Wisconsin Idea* most thoroly, makes following legal comments:

"Whenever the advocates of a drugless method go before any state legislature to ask for an act legalizing their practice, the first thing the medical men do is try to dupe the drugless practitioners into coming under the medical board to take an examination before a board theretofore the sworn enemy of all drugless methods, and still expect a square deal. Many times the drugless practitioner has been the victim of such a scheme. The sop usually thrown out is the legalizing of those already in practice without any further examination. Too often the selfish drugless practitioner is willing to barter the future of those to come and the future of his science in the state in exchange for the little parchment giving him the right to practice.

"The next proposition usually made, if the first one is not accepted, is to pass an act placing a drugless member on the state board of medical examiners. This is as bad for the drugless science as the first scheme, for the drugless member is, of course, only one of a number of examiners on the board, and in the hopeless minority.

"The most glaring example of drugless methods that have compromised with the medical men on either the first or second of these propositions is the osteopath. There are many states in the union today where osteopathy has been licensed by examination under the state medical board, with a

provision that those in practice at the time of the passage of the act should be licensed without further examination. In some of these states very few outside the original number so licensed have been able to pass the examination. It is purposely made so stiff by the medical board or the medical men on the joint board that no new osteopaths, with only a possible exception now and then, have been able to break into the state.

"In some jurisdictions the osteopaths have been able to secure their own examining boards. Even in these states the tendency has been in most instances for the board to become aristocratic in its tastes, and rules have been made by the legislatures and osteopathic boards that practically bar a poor boy or girl from entering the osteopathic field because of not being able to go to school the greater portion of their life before entering the professional school.

"The result of osteopathic legislation has been, on the whole, to eliminate progressive osteopathy in some states and curtail it in others. The ultimate result has been the closing of some of the foremost osteopathic schools in the country.

"The average student aspiring to the practice of osteopathy, after looking over the field, becomes absolutely discouraged or makes up his mind that if he has to have the same requirements to practice osteopathy as to practice medicine, he may as well go to a medical school, and he does so and is admitted to practice medicine, and under his license practices anything, drug or drugless. So the osteopaths have gradually fallen off in numbers.

"The Christian Scientists, with the most wonderful organization in the country, outside of the American Medical Association, profited by the blunders of the osteopath. They have no examining boards. Most of the states, on the other hand, have clauses exempting their practitioners from the operation of the medical laws.

"When Chiropractic legislation was first agitated there was a split on the proposition as to whether a board or an exemption clause was the proper solution. For the sake of experimenting and trying the question out, those believing in an exemption clause gave in to the advocates of a board. The pathway of Chiropractic legislation is strewn with regrets.

"The laws of Michigan, Colorado and Ohio are now admitted by all to be very unjust and are the result of compromises. California is little if any better off. Pennsylvania has a drugless advisory board with only such power as the medical board sees fit to delegate to it. With anyone but a Marchand representing the Chiropractors there the situation would be intolerable. As it is, the rules laid down for practitioners are galling, and tend to keep Chiropractors from getting any foothold in that state.

"Oregon has a Chiropractic board. The legal requirements for admission, if strictly enforced, would not allow a Chiropractor, not in the state at the time of the passage of the act, to become licensed, and there is some question even about those residing in Oregon at the time of passage of the act. Fortunately the board is composed of broadminded Chiropractors, who have so far seen fit to exercise their own discretion as to the requirements. How long

it will be so constituted depends somewhat on the politics of the state, and there is also a serious question as to how long the medical men will allow the board to issue licenses except to those coming strictly within the terms of the law. It compels a preparation more strenuous in point of hour subjects than required of the medical man. The writer's information at the present time is that the regulars are even now taking legal counsel with the view of making trouble as soon as possible.

"The Boards of Nebraska and North Dakota seem to be getting along all right and to the satisfaction of the field generally. In both states there is some grumbling, whether with or without merit the writer is unable to state, because of not being conversant with the situations. The Kansas law, however, provides for a minister of the gospel and a school teacher on the board. This provision was slipped in as a joker by the medical men.

"And so it goes with the states having various forms of legislation.

"In the meantime, while the osteopaths are being exterminated and the Chiropractors are having their troubles with their board legislation, the Christian Scientists are making progress under their exemption clauses without any boards. Their science provides certain qualifications before one can become a healer, but natural law will weed out the incompetent, and they seem to have the right idea.

"The Chiropractors of Wisconsin asked for a board, but the Governor and the state legislature answered that Wisconsin, as other states, had too many boards, too many commissions, but they were willing to adopt some other solution of the problem to safeguard the Chiropractors of Wisconsin, the reputable practitioners of Chiropractic, from persecution and give them professional standing.

"Dr. F. G. Lundy, of Marshfield, president of the state association, and ex-Lieutenant Governor Morris, its legal counsel, presented the solution and the Governor and legislature adopted it.

"That solution, now known throughout the drugless world as The Wisconsin Idea, consists of a clause attached to the medical law as follows:

"'Section 1435e. Reputable practitioners of Chiropractic may practice their profession in this state,' etc.

"It will be noted that this law, passed July 23, 1915, grants permission to all reputable practitioners of Chiropractic to practice their profession in Wisconsin. Chiropractic is by the act absolutely divorced from every system of treating disease, including medicine, surgery and osteopathy.

"Jurisdiction over the reputable practice of Chiropractic in Wisconsin by this law becomes a question of fact before a jury in a court of law in each individual case, thus bringing the practice under the control of the people who constitute the juries of the commonwealth. It is placed in a class by itself, retains its individuality, as it should, because it is not medicine, surgery or osteopathy.

"It will be seen, therefore, that the Chiropractor's rights and the rights of the people have been a subject of profound thought by the members of the

Wisconsin legislature, and that the permission to practice the profession comes not through any creature of the legislature, like the state medical board, or any other board, but directly from the legislature itself.

"The Wisconsin Idea is not an exemption clause, but an express authorization by the legislature for all reputable practitioners to practice. In other words, the legislature has given Chiropractors in Wisconsin a legislative license. Now why does not that fulfill all the requirements of the profession?

"The reputable practitioner wants, first, the right to practice. This law gives it.

"Next he wants all competition to be from reputable Chiropractors. This is safeguarded, for the reason that no practitioner not reputable is allowed to practice.

"He wants all practitioners to be up to standard. The standard is set by the standard of the majority of practitioners in the state. On a trial, if the Chiropractors testify that any practitioner is not up to the standard of the average Chiropractor in the state, the accuser is not a reputable Chiropractor and will be barred.

"He does not wish to practice osteopathy, medicine or surgery, and cannot do it under this law any more than he could under a board.

"In other words, The Wisconsin Idea gives the Chiropractor all the privileges and protection he would receive under a board, without the dangers to the future of the profession that are found in laws administered by a board.

"It is very difficult to secure the passage of an act creating a board without granting vital concessions to the osteopath and the medical man. And even without concessions, as one sees from past experience, the legislature, under medical influence, may set standards and qualifications that make it impossible for any Chiropractor to even qualify to take examinations.

"Even when the Board is organized without legislative restriction, its administration is subjected to the whim and caprice of the individual make-up of the board. This is so, even with the medical boards. The Carnegie Foundation report and other authorities which have investigated the question lately, openly advocate the cutting down of the number of physicians, and to do this, advocate more strict requirements. In some states now an applicant to practice medicine has to be a graduate of a high school, take four years in college and then take at least four years in the medical school and do interne work before he can even present himself before the state medical board for examination.

"Members of a half dozen medical boards have boasted to the writer that they have made the requirements so high that it is almost impossible to pass an examination. We have in mind a relative of one of our greatest surgeons, himself a graduate of one of the best medical schools in the country, a postgraduate of European schools and eminently qualified, being flunked twice by a state board that was drawing the lines close to stifle competition. The Governor of that state let it be known that if this course were per-



sisted in he would see to it that there would be an upheaval in the examining board. The applicant then passed. That state has since, to a small degree, mended its ways.

"If the medical boards do that sort of thing with their own practitioners, how can we in the end expect anything different from Chiropractic boards? We are all human.

"The Wisconsin Idea has the advantage also of being much easier to pass than an act creating a new and distinct Chiropractic examining board. Most states are abolishing all commissions and boards that can possibly be done away with. They are consolidating others. Even though an additional board costs the taxpayer nothing and is self-sustaining, legislatures are now against them, as a matter of discouraging any more boards or commissions.

"Then, also, Chiropractic is not the only drugless method that is seeking recognition. Osteopathy is still fighting in a few states. Mechano-therapy, electro-therapy, scientific massage and naturopathy, generally are seeking recognition. When these other methods are before the legislature at the same time as Chiropractic it means that each is clamoring for a board. A composite drugless board is not relished by Chiropractors, or other methods either, for that matter. The result is that no board is given any one. The Wisconsin Idea, without the creation of a new board, appeals to the legislator as being right and just and creates no new board or commission.

"It is gratifying to note that the Chiropractors, as well as the followers of other drugless methods, are giving The Wisconsin Idea serious consideration."

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A. M. A. reminds us of a boa-constrictor. See it coiled up in center of cage, lazily sunning itself, eyes half closed. There seems no life at all in this 660 pound mass of beastly boa-constrictor. They throw in a forty-pound pig. Boa-constrictor opens his eyes lazily. Mr. Piggy is scared and runs into corner. Pig is more scared than Mr. Snake. Boa-constrictor does not move, so presently Mr. Piggy runs to another corner. Boa-constrictor slowly turns his head. Mr. Piggy runs back again, and boa-constrictor again slowly turns his head following Mr. Piggy. For thirty minutes one day we watched such a game, boa-constrictor not moving a muscle except to slowly turn his head to watch pig as it ran back and forth. Then Mr. Piggy ran over this mass of flesh. Boa-constrictor lazily moved his gaze, as innocent a looking creature as one would ever see. Mr. Piggy got to playing around, dancing back and forth and over boa-constrictor, and there we sat watching this play. All of a sudden, without a warning, quicker than eye could watch, that mass of 660 pounds of flesh

sprang, gave two coils; there was one tiny, terrified squeak, and Mr. Piggy was dead.

It is said that a snake, when about ready to swallow a toad, wets it all over with a swarm sweet saliva, which soothes toad, but which is really intended to make it slide down more easily when gulp comes. Men in other lines of business may not believe what is here written, and they may enjoy, if they will, present overflow of medical sweetness toward them, but back-boned Chiropractors in future, as in past, will refuse to be either sweetened or swallowed by medical serpent.

That is game we are up against. You are like the pig. You aren't afraid of any boa-constrictor (so you say). You jump into pen, you play around, and you say: "See, he isn't afraid of me, and I am not afraid of him. He isn't trying to hurt me." Everything is lovely until, without a warning, one squeak, and you are gone. Then Mr. Snake slimes Mr. Pig all over and begins eating. He begins at head and last thing to go down is little curly tail. Before Mr. Piggy is entirely gone he turns tail in and uses it for a tooth pick; he cleans his teeth very carefully; Mr. Piggy is out of sight. And we are gone!

There is only one alternative for man who cannot play game, if he doesn't want to be skinned. No matter how much money in his pocket, or how many brains in his head, there is only one alternative if he wants to keep his brains and his money together — don't play cards. When Mr. Medical Man comes to you with anything, it doesn't make any difference what it is, listen attentively, and then say — "Nothing doing, we know what we want, and we are going to get it, or we are going without." That is safe way. Only way to keep your morals is to not give them away the first time. Only safe way to have your daughter a pure girl is to keep her from impure things. Only safe way for your boy to never be a drunkard is to not take that first drink. Only safe way for your child to keep out of penitentiary is not to steal first time. Only safe way for sane to stay out of insane asylum is not to trifle with sex in a perverted manner. Only safe way to keep Chiropractic pure, safe and sane is to have nothing to do with medical men in the *first* place. Let them alone!

Fact that Constitution of United States contains a great many provisions to protect rights of people, is of great importance to

friends of medical freedom. Of all human laws, Constitutional law is highest. It is above Congress, courts and President. Constitution is fundamental law which fixes and determines form of government that exists under it; defines and limits powers of government and directs its executive, legislative, and judicial maintenance and action. Government and all its branches deriving power and authority solely from Constitution, can only do what that Constitution gives authority to do.

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## PROTECTS AGAINST SLAVERY

One of purposes of Constitution as specified in preamble is to "secure the blessings of liberty to ourselves and our posterity." First amendment to Constitution is culmination of struggle for religious freedom in this country. It reads:

"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof, or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble and to petition the government for redress of grievances."

Fourth amendment is a protection against entrance of home and unreasonable searches and seizures. It says:

"The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized."

Amendment No. 5 specifies that no person shall be "deprived of life, liberty or property, without due process of law." Section 1, Amendment No. 13, is a protection against medical slavery as well as any other form of involuntary servitude. It says:

"Neither slavery nor involuntary servitude, except as a punishment for crime, whereof the party shall have been duly convicted, shall exist within the United States or any place subject to their jurisdiction."

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## MEANING OF LIBERTY

Declaration of Independence, which was adopted July 4, 1776, declares:

"We hold these truths to be self evident: That all men are created

equal; that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty and the pursuit of happiness."

Early settlers of this country who had suffered bitter persecutions because of intolerance shown them, placed a high valuation upon "life, liberty and the pursuit of happiness." When subject of liberty was being discussed in the Virginia convention, Patrick Henry declared:

"Is life so dear or peace so sweet as to be purchased at the price of chains and slavery? Forbid it, Almighty God! I know not what course others may take, but as for me, give me liberty, or give me death."

We live in a country rich in experience, reminding us of value of liberty. Abraham Lincoln, whose memory is so dear to all American citizens, understood meaning of word liberty. Gettysburg address of President Lincoln, which has become a classic not only in American oratory, but in oratory of world, refers to liberty in opening sentence. It says:

"Fourscore and seven years ago, our fathers brought forth on this continent a new nation, conceived in liberty and dedicated to the proposition that all men are created equal."

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## LIBERTY IN JEOPARDY

Subject of medical legislation is no longer a subject of interest to only a few people. Medical inspectors have invaded public schools with their lectures on dis-ease germs, vaccination against smallpox, constant examinations of throat, heart and lungs, and demands for removal of tonsils, and administration of antitoxin and other alleged preventatives or remedies. They are demanding compulsory medical examinations of adults and are making it difficult to obtain employment without their permission. They are isolating people under theory that they are "dis-ease carriers," or subject to tuberculosis. Measures which are being advocated under pretense of protecting public health reach into all relations of human life. Liberty of all people in this and future generations is thereby jeopardized.

## THE CITIZEN'S DUTY

Constitution of the United States is a protection against medical slavery, but the people must insist upon this protection if they are to maintain it. Efforts of Assistant Commissioner of Education Enright to interpret, according to a Trenton dispatch, clause in a statute referring to subject of vaccination, "may exclude from schools" as meaning, "shall exclude from school" is a good example of how a statute or Constitution may be misinterpreted if people fail to insist upon their rights. There has never been a time in history of United States when it was more important to keep in mind words "eternal vigilance is the price of liberty" than now. Why is it that our liberty is being questioned as it is at present? Is it because those who are seeking to control people are so active, or is it because people have forgotten struggles for liberty endured by our forefathers? A duty rests upon all American citizens to see that medical freedom is established and maintained.

When legislation comes easy, watch out for knock out. When M.D. comes hovering about, watch out for chloroform and loss of inner vitals; he's sure to cut 'em out.

Entire purpose of this lecture is not only to push forward Chiropractic, not alone to shield Chiropractic from medical men, but to protect Chiropractic from Chiropractors; Chiropractors against themselves. Peculiar, isn't it?

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## DOLLARS FOR DOCTORS

1. There were too many physicians.
2. They reduce output.
3. They kill off "irregular" competition.
4. Even this does not make them a more financial better living.
5. Now he wants to have *compulsory* taking of his theory and medicine; all else having failed.

So runs this fairy tale of almost impossible conceptions. It is hard for American public to think that methods of Russia are in control of their liberty *today*. Such is true.

You cannot go into any healing avocation that appeals to you as reasonable — you find states closed. You cannot have done

for yourself, by another, any method you wish — you find another controls what you shall have and how.

It isn't a question of your living, or a question of your health; *it's a question of your dollar and into whose pocket it goes by preference.* You may believe anything, do anything for yourself or others as long as you please, in any manner you wish — *so long as you do not charge a fee.* You may even practice medicine and perform surgery and you are not guilty of any offense against peace and dignity of the state, *providing you do not charge a fee.* But, do what you may, be it even *not* medicine or surgery, *and charge a fee,* and it IS medicine and surgery; courts are wheeled into action and you are "fined" FOR TAKING A FEE FROM ANOTHER'S POCKET WHO CAME *prior to* BEFORE YOU AND GOT A *statute* TO PROTECT THAT FEE AND KEEP THEM COMING HIS WAY. That is the whole story.

That all above educational, financial and legal solutions of their troubles are NOT a solution, but a make-shift is evident from various ways and means NOW under consideration to FORCE "the dear public" to take the medical and surgical idea willy-nilly. Following are bits of evidence showing leaning of their latest activities.

"INSURE AGAINST DOCTOR'S BILLS FOR \$2.00 A YEAR.

"System for Wage Earners Advocated by Dr. Huffman.

"SUPERVISED BY GOVERNMENT.

"Speaker shows both people and physicians would benefit and chief incentives to quackery would be eliminated.

"Chicago, Feb. 7. — COMPULSORY sickness insurance administered by the Federal government was advocated here tonight before the Federation of State Medical Boards of the United States by Dr. Otto Huffman, secretary of the New York State Board. Dr. Huffman proposed a plan under which he said all REPUTABLE physicians would have AN ASSURED income and the chief incentives to quackery would be eliminated.

"The plan contemplated A TAX of \$2 a year on all the wage earners whose income is less than \$1,200. He estimated there are 33,000,000 such persons in the United States. Each would have the privilege of selecting his own doctor, but NO PHYSICIAN would be allowed to carry more than 2,000 names.

"ASSURES INCOME OF \$4,000.

"This would mean \$4,000 a year for the treating of those that become sick or disabled, and statistics show that not more than sixty of these would ever be sick at the same time,' said Dr. Huffman. 'In GENERAL THE PUB-

LIC DOES NOT REALIZE HOW MISERABLY UNDERPAID THE MEDICAL PROFESSION IS. There are 127,000 active practitioners in the country, and their incomes aggregate \$63,500,000, AN AVERAGE OF ONLY \$500 A YEAR.

"Nor is it true that "there are too many doctors." About 2½ per cent of the population is constantly sick and disabled, an average of nineteen patients a day for each doctor. This does not take into account much of the practice of the specialists. Furthermore, insurance company statistics show that 69 per cent of the insured have some impairment of health.

"It is impossible for a doctor properly to look after more than sixteen patients in eight hours. At prevailing fees this just about pays expenses.

#### "PAY NO CASH BENEFITS.

"The only objection mustered against the COMPULSORY sickness insurance by those who have investigated its workings in Europe is the danger of malingering or collusion to get the sick benefits. We could meet that objection by having no cash benefits, but by simply providing the service of a doctor.

"I have talked with wage earners and they agree that sick benefits should be left to private companies. They feel that if by paying \$2 a year to the state they could be insured against doctors' bills, they would be safeguarded against the greatest burden that they have to fear. UNDER COMPULSORY INSURANCE WE WOULD BE PAID TO KEEP OUR CLIENTELE IN SOUND HEALTH, AND IT WOULD BE AGAINST OUR INTEREST TO HAVE SICKNESS OCCUR. When the medical profession is paid to prevent sickness and is a loser when anyone becomes sick, the day of the quack and the charlatan will be past.

#### "HAVE NOTHING TO LOSE.

"Under compulsory insurance we could give advice freely without being accused of wishing to advertise ourselves. We would be rid of the fee-splitting sin; consultation could be held without any hindrance. Our clientele could seek our advice freely and early. Both the medical profession and the people have everything to gain and nothing to lose by adopting compulsory sickness insurance." — (Post Standard, Syracuse, N. Y.)

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You have listened to an interesting tale which, like a web, has woven itself around, into and between your mind. Your conception of glory of physicians as care-takers of sick has disappeared. You have lost faith and confidence in them as a class. You have learned of them as being not what they seemed. Your eyes have been opened, your mind awakened, your trusts shattered.

All of this has come about, for why! Because of their legal entanglements involving the almighty dollar.

You have regarded the physician, as a class, as a self-sacrificing individual who held human life dear. That anything and everything that saved — or relieved — human life or suffering was the thing he was eagerly in search for; that he was aggressively progressive; that he was searching and would give credit wherever credit was due.

This is not true. He is penurious, always ready to denounce anything and everything that does not meet his concept, even tho it succeeded; ready to endorse if it agreed with him, even tho it failed; ready to denounce if it differed from him, even tho it succeeded. Method was far more important than net result. He was ready to deny any man who cured, if it was by means differing from his.

But this statement of fact is not quite true. Dollar was pivoting point of his school, his science, his practice, his medical statute. Take a dollar from him and you hurt him; give him a dollar and you were his friend.

We shall try to confine this chapter to evidence which proves importance of dollar.

That "dollars for doctors" is cry becomes prominent in following evidence that came out in The Commission Hearing when Mr. Hellmuth was presenting issue of Christian Scientists, as follows:

"THE COMMISSIONER: It is a very practical question that is before me, not a theoretical question at all. No one can possibly pretend to interfere with the desire of people to be prayed for. That may well be taken for granted.

"MR. HELLMUTH: Yes, quite so.

"THE COMMISSIONER: But the point that I have to settle, as I understand it is that when Christian Scientists profess, FOR MONEY, to accomplish certain results, THEN THEY COME INTO COMPETITION WITH OTHER METHODS OF HEALING THE SICK, and the question is whether they should be allowed to do that without any qualification other than that which they themselves assert they have, and without any medical education as the term is understood. It is not that there is any desire to interfere with your theories or tenets. It is this: that when you profess to offer this to the public FOR MONEY that you have then to justify yourself as being fit and able to do what you say you can do.

"I am not in any way concerned with disputing the theory upon which Christian Science is practiced. I am willing to assume at the present moment that they really believe in what they teach, and that they are in a position



to show that people who follow their system have obtained very beneficial results. IT IS WHEN THEY PROFESS TO SELL THEIR POWERS, OR THE USE OF THEIR POWERS, SO TO SPEAK, TO THE PUBLIC FOR MONEY THAT THEY MUST EXPECT TO JUSTIFY THAT IN THE FACE OF THE PRESENT MEDICAL SITUATION.

"MR. HELMUTH: Your Lordship will see that if a Christian Science healer went about giving his service gratuitously it would be very hard to make any regulation to prevent him. I suppose that is what it must come to. Now let us just assume for one moment that some Christian Scientist multi-millionaire established and endowed a college or institution and should provide stipends for a number of these Christian Science healers—because Christian Scientists must have yet a right to live on the earth, at all events—and if these practitioners, WITHOUT PAY, should go abroad and offer their services, it seems to me it would not alter in any way the character of the services they render.

"THE COMMISSIONER: In that case you offer your services to the public free.

"MR. HELLMUTH: Yes, we offer them without reward in that case.

"THE COMMISSIONER: That would certainly make a difference. It does not make the essential (\$ \$ \$—"dollars for doctors"—\$ \$ \$) difference, though.

"MR. HELLMUTH: No, I don't think it makes the slightest difference, if I may say so. I do not see how you could alter the character of the services rendered, whether those services, in order to enable the persons who render them to exist, are paid for, or whether you endow a church with a certain sum in order to enable them to be Christian Science practitioners, and to render their services gratuitously, or whether you ask each individual person who calls in their aid or asks for their assistance, to pay some small sum towards the continued existence of the Christian Science healer or practitioner.

"THE COMMISSIONER: You have to take things as they are. The Christian Scientists do charge for their services.

"MR. HELMUTH: Yes.

"THE COMMISSIONER: Therefore, they offer their services to the public, and that is really the point. The theory and intention of our medical legislation is a protection of the public, not (?) the protection of the doctors." (It is a protection of the "dollars for doctors.")

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Do DOLLARS modify unwritten law? In many of United States, Medical Practice Acts are so worded that you can do all the harm you could not help as a man, a physician or surgeon; you can prescribe any drug, use any surgeon's knife to any kind of a case, under any circumstances, and it is absurdly lawful,

even without a license, providing YOU DON'T CHARGE A FEE FOR IT. This is another feature that makes a good a harm and a harm a good. Suppose the man does harm to another but DOES NOT CHARGE for it, that is "good"; that is not "harm" in the eyes of medical statute. Assume a man does good to another AND CHARGES FOR IT, that is not "good" in eyes of State. Thus, introduction of license *to protect dollar* consideration, from one man to another, MODIFIES A UNIVERSAL LAW regardless of whether it is scientific or not, benefits mankind or not.

In majority of states of this Union that which constitutes a violation of medical and osteopathic practice acts is contingent upon whether A FEE is charged. Ask Dear Physician "Why these medical statutes and prosecutions?" and he replies, "To protect the Dear People from unscrupulous, designing and incompetent."

You — layman tho you be — can prescribe and give medicine; perform surgical operations; deliver women in child-birth without fear of molestation or indictment, arrest, prosecution or conviction, SO LONG AS YOU DO NOT CHARGE A FEE. Where does THAT protect "dear people" from ignorant and incompetent? Prescribe cold water AND CHARGE A FEE and you are more guilty than he who removes an appendix but doesn't charge. Is that protecting PEOPLE or POCKET-BOOK?

Montana osteopathic law provides that anyone shall be considered practicing osteopathy who shall — "(b) Profess publicity to, or who shall, either in his own behalf, in his own name, or in his trade name, or in behalf of any other person, corporation, association, partnership, either as manager, bookkeeper, practitioner, or agent, treat, cure, alleviate or relieve any ailment or disease of either mind or body, or cure or relieve any fracture or misplacement or abnormal condition or bodily injury or deformity, any treatment or manipulation or method of manipulating a human body or any of its limbs, muscles, or parts by the use of the hands or mechanical appliances, in an effort or attempt to relieve any pressure, obstruction, misplacement or defect, in any bone, muscle, ligament, nerve, vessel, organ, or part of the body *after having received, or with the intent or expectation of receiving therefor, whether directly or indirectly, any bonus, gifts or compensation whatsoever*; provided, however, that nothing in this section shall be construed to restrict or restrain any

legally licensed physician or surgeon in the practice of his profession."

We again appropriately quote from hearings on Mann Bill, before Committee on Interstate and Foreign Commerce of House of Representatives, page 278, part 3. Quotation is taken from an address by W. L. Allen, M.D., of Davenport, Iowa, November 10, 1908:

"The men in our profession all over the world are deplorably poor. Not 100 out of 5,000 in the richest city in the world, with a practice among the greatest number of multimillionaires the world has ever dreamed of, could return—TODAY—and live without charity. In other cities and towns more than one-half the physicians ARE UNABLE to equip themselves with advanced books, instruments, and apparatus NECESSARY TO MAKE AN EXACT DIAGNOSIS. Eleven thousand dollars is the amount given as a fair estimate of the cost of a proper medical education, and very often an additional \$10,000 is needed before the income equals the outgo in a man's practice in a large city. Thousands of our men of bright intellect and shabby clothes are unable to go to the meetings of the American Medical Association because of the actual lack of funds or fear of two great a loss of practice during the week's absence. You need only recall the men whom you have honored as consultants, who died in harness, with no estate except perhaps a small insurance policy, and others who were compelled to work until they dropped."

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That "Dollars for Doctors" is the fad, craze, habit and bending effort of American Medical Association is everywhere present. From Coast to Coast, border to border, comes evidence. Following bit of information is also convincing.

#### "MOVEMENT TO COMPEL REMOVAL OF TONSILS.

"The Philadelphia Evening Bulletin for February 24th contained the following news item: 'An Indictment of the Tonsils,' in which these offenders are charged with a variety of crimes against health, has been drawn up by Dr. Benjamin C. Gile, of 1906 Chestnut street. Dr. Gile recently spoke on this subject before the West Philadelphia Medical Association, which has started a movement FOR A LAW GIVING SURGEONS THE RIGHT TO REMOVE DISEASED TONSILS FROM CHILDREN WHEN PARENTS OPPOSE SUCH AN OPERATION. The massacre of the tonsils is one of the medical fads of the present day. Complaints are frequently made that people experience more trouble after tonsils are removed than before. There is a vast difference of opinion even among physicians regarding the removal of tonsils. Several physicians have denounced the

indiscriminate removal of tonsils. The movement for a law giving surgeons the right to remove diseased tonsils AGAIN CALLS ATTENTION TO THE FACT THAT COMPULSORY MEDICAL TREATMENT IS THE NEXT STEP AFTER SECURING COMPULSORY MEDICAL EXAMINATION OF CHILDREN IN THE PUBLIC SCHOOLS." — (Medical Freedom, March, 1916.)

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That "dollars for doctors" campaign shall go on is evidenced by action taken when power is given. Fresh air does no harm, it will not cure so long as subluxation exists. Getting into fresh air will no more set a subluxation than fresh air will set a dislocation. We do not object to method but to control of same by allopathic doctors to end of making money by and thru supervision they give it and afterclap of more money by prescribing for children as patients — which is desired end of supervision.

Following clipping from Ohio shows absence of trying to help but presence of domination in compulsion to their methods:

"SEARCHING MEDICAL TEST IS ORDER FOR ALL SCHOOL CHILDREN.

"School medical inspectors have been instructed by Dr. H. G. Morgan to take statistics in schools of children who are subnormal in both health and intellect, with a view of recommending they be segregated. Special wards were given the inspectors on which to make reports.

"The board of health already has a list of about 250 children, who, it is said, should be placed in open air schools for tubercular children. Doubtless there are others and inspectors are requested to list them."

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## "AN INVISIBLE GOVERNMENT" CHASES ITSELF 'ROUND THE BLOCK

This, then, is medical circle:

- to hothouse preliminary requirements
- to coerce more book worming
- to require more years to be a physician
- to establish a prohibitive educational standard
- to fix a prohibitive financial school standard
- to build less medical colleges
- to make less doctors
- to merit less money

to pluck more money  
to establish more "science"  
to eugenically breed surgeons  
to cultivate more theories  
to premeditate more diseases  
to invent more germs  
to inject and eject more serums  
to poison more patients  
to cause more illness  
to build more hospitals  
to keep the sick — sick  
to require medical consultation  
to sterilize and de-organize innocent victims  
to legalize all this  
to promote professional secrecy  
to prohibit advertising publicity  
to pettifog judge and jury  
to necessitate more medical legislation  
to handicap "other practitioners"  
to dominate them better  
to prevent "irregular" competition  
to forbid another's success or his failure  
to railroad out of business just comparisons  
to protect medical laboratory products  
to make experimental drugging and forcible operations  
to secure more endowment or state taxation  
to establish theory, not delivery  
to make common survival of unfittest  
to build less medical colleges  
to make less doctors  
to merit less money  
to pluck more money  
to premeditate more diseases  
to invent more germs  
to inject and eject more serums  
to poison more patients

— and it has been going the rounds for 50 years in this  
— their — land of the free (?) and home of the brave (?).

## THE LAST WORD.

You have read the story.

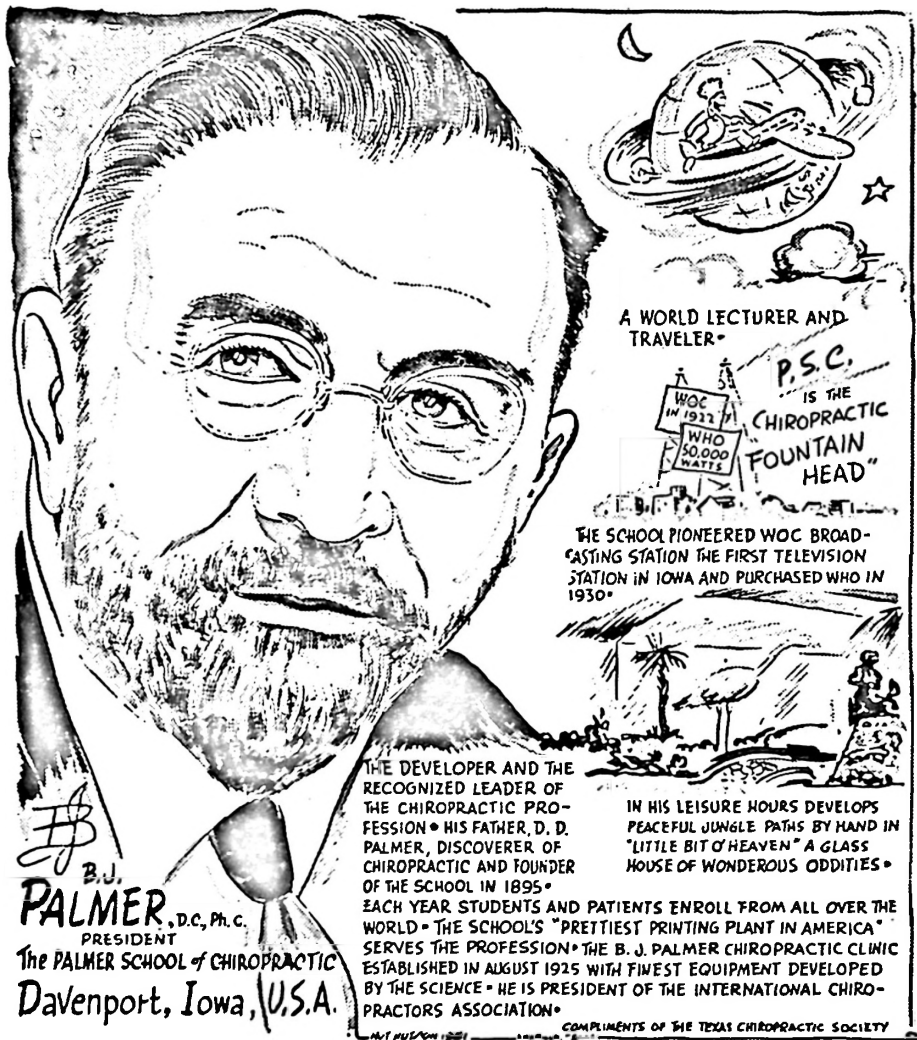
Why did we write it? Did we think to quickly change human nature from a wrong system to a right one? As drops of water will wear holes in stones, so will constant repetition of evils gradually, unconsciously, perhaps, change men from their selfish wants to people's rights.

Sometimes best way to inaugurate a correction is to produce evil. Certainly no construction can exist without destruction. This lengthy expose is not only iconoclastic, but it offers, as well, a final solution — *Wisconsin Idea* — which, because of its fairness to all interests involved, is closest to a conception of a square deal and more light.

Subject exposed has been fifty years in making. Could we have said less, produced less evidence, and accomplished our aim?

That each might gain for good of future mankind was our sole motive.

Humanitarian works for future by trying to improve needs of present.



A Small Reproduction of Tribute Drawn and  
Presented to B. J. Palmer, May, 1951

CHAPTER 18

The Story Of

CAVES AND WHERE THEY LEAD US

(Second Section)

Volume xxii (Palmer, 1949) contains a lengthy story under above title. On our trips south, via Kentucky, we make it a point to visit one or more caves—some of them more than once. Mammoth Cave is one that never tires.

On our 1950 "vacation" trip, we again stopped. We brot a copy of Volume xxii because we wanted Mr. Hoskins, Superintendent of Mammoth Cave National Park, to read our story on caves. It pleased him tremendously. After reading it, he turned it over to Mr. Lix, cave naturalist, who also enjoyed it. Knowing we knew caves, Mr. Hoskins arranged for us to go see a "new discovery" which is not open to public. More about that later.

About forty-five years ago, we made our first trip to this cave country. We came then by L & N train to Glasgow Junction, took stub line railroad engine (Hercules) and one open air coach to cave ten miles away. Today we came by car to Cave City, then over perfect highway. In former days, all wore bloomers or overalls, heavy boots; now ordinary clothes. Then each person carried his own torch. Today, in large part it is electrically lighted, altho torches are also used to throw up to unlighted spots.

In those days there were rough log cabins and such food as colored folks prepared. Today there is a modern hotel, cabins and cottages, electric lights, hot and cold water, baths, etc. Dining room is excellent, with fountain and light lunch service.

In those days, heirs owned property. Today it is a U. S. National Park, government controlled. Concessions and their prices are regulated, prices for all things being reasonable.

"Old Cave" has long been known. In 1938 there was discovered another entrance to Crystal Lake, which cave connected with Original Mammoth Cave. Entrance from old to new is via Echo River, by boat. In event of heavy surface rains, Echo River rises and makes this impossible. On day we were there, it had



risen 11½ feet. This new cave in our opinion is one of the most beautiful parts of what is now entire Mammoth Cave.

Upon arrival, we contacted Taylor Hoskins. As a result, he arranged for us to see "The New Discovery" as yet unnamed. Leon Hunt, one of older and most experienced guides, and son of one of the guides present when we were there 45 years ago, took us on this tour. Because of this "new discovery" being so beautiful, and so seldom entered even by guides and not to public at all, Mr. Lix, naturalist of the park, went with us — only we three. We drove over hills, thru woods, on an unbeaten road, climbed a hill, opened a few locked doors, then down a steep incline cut in rock to permit entrance. This decline was rugged, unfinished. From there on in, one is on his own, up and down, in and around, over rocks and, while going was rough, we liked it.

Close by entrance, we saw hundreds of eyeless crickets mating. Leon said they came to entrance to mate — why, he didn't know. After they mated, they go back into depths of cave — why, he didn't know.

It seemed we must have walked eighteen miles, but as far as we went — which wasn't to end, by any means — gypsum formations were the most beautiful of any we have seen in any cave anywhere. We suggest name GYPSUM GRANDAFLORA CAVE. It fits and is appropriate. We hope it will be completed and opened to public, and gorgeous formations fully protected against human rats who like to chip, break, and handle things they should let alone.

Mr. Lix has written his findings on this "New Discovery". He has done such a marvelous job that we reprint his article:

#### MAMMOTH CAVE'S UNDERGROUND WILDERNESS

By Henry W. Lix

Daniel Boone, legendary American pioneer hero, struggled across Cumberland Gap to settle in land of Kentucky. He represents in our imagination the tens of thousands of hardy explorers who came over the Wilderness Road into "the dark and bloody ground." These pioneers followed the trails of wild animals and of Indians through a forested wilderness. Every step forward created a new frontier.

People rapidly spread out over Kentucky — down the Cumberland, down the Kentucky, down the Green River. They hunted and trapped animals and birds in the forests along Green River — beavers, deer, passenger pigeons,

panthers, black bears, grouse, wolves, and wild turkeys. They hunted herds of buffalo and elk in the "barrens", grasslands made in the forest by Indians through repeated burning.

The first permanent settlement in what is now the State of Kentucky was established in 1774. By 1800 buffalo and elk had already disappeared from the State. With them went the true Kentucky wilderness.

Historic Mammoth Cave — another sort of wilderness — was, however, discovered before the wilderness landscape of the Green River country had vanished entirely. A black bear led a pursuing hunter into a large opening in a Green River bluff. This hunter, named Houchins, thus became the legendary discoverer of Mammoth Cave, a new underground Kentucky frontier 360 feet under the surface, a new wilderness which white men had never seen before.

The elements of uncertainty and mystery and danger of caves appealed to the pioneer's nature. Lives of many men became inseparably fixed to the great cave that came to be called "Mammoth" sometime before 1812. Traditions started. The cave "got in their blood." They were adventurous people, always going forward to see what was "just around the corner." This spirit of adventure in Mammoth Cave explorers has never waned. The exploration kept going on. It is going on today. But Mammoth Cave gives up its secrets slowly.

Nitrate deposits were discovered in Mammoth Cave before 1800. The dirt that had accumulated for ages on the dry floors of the cave contained large amounts of calcium nitrate, commonly known as saltpeter. Presumably this nitrate was derived from the droppings of bats that once lived in the cave in immense hordes. Many tons of saltpeter were produced in Mammoth Cave during the war of 1812, with the labor of slaves and oxen. Much of this nitrate was shipped to New Orleans where it was used in the manufacture of gunpowder. Through a skillful combination of such things as little brown bats, LaFitte the Pirate, Shreve's steamboat, "Old Hickory", and Mammoth Cave, America won the battle of New Orleans and the war of 1812.

As the men searched for new supplies of "peterdirt" they advanced farther and farther into the dark underworld. In this way they learned something of the apparently unending corridors of Mammoth Cave. The close of the war of 1812 brought an end to the highly profitable nitrate-leaching industrial period of the cave. In 1816 Mammoth Cave was opened to the public as a natural showplace and has been in continuous operation ever since.

Stephen Bishop, negro slave, the famous "first guide and explorer" of Mammoth Cave, crossed the Bottomless Pit on a cedar sapling in 1837. The bridge opened up the extensive avenues beyond to exploration. It made possible the discovery of River Hall, Echo River, and Roaring River. Another obstacle had been surmounted by the explorers' impelling urge to go just a little farther.

For many years a big cave-in, which had probably occurred long before the cave's discovery in 1799, blocked all exploration in one of the five ave-

nues converging from all directions of Grand Central Station. In 1923 an opening was finally made in this immense pile of fallen rocks. This opened up a major avenue and resulted in the discovery of one of the present outstanding exhibits of Mammoth Cave, the Frozen Niagara section. Here the explorers found "cave onyx" formations in greater abundance and beauty than any previously discovered in this cave. Immense Frozen Niagara itself, and the Drapery Room, and other nearby features are spectacular. Until 1923 no one had ever seen Crystal Lake, as clear as pure spring water can be. Its green is the green of clear deep waters, for Crystal Lake is 38 feet deep. The water is caught and held in its downward underground course to Green River by a travertine dam 270 feet below the ground and 190 feet above Echo River and Green River.

And so the story of exploration goes on. The important discoveries in Mammoth Cave have been made by the cave guides. The men who have assumed the responsibility of guiding the millions of visitors through the labyrinthine ways of the Mammoth Cave corridors make up an unusual institution. They are proud of their profession and of their cave. It has become traditional for son to follow in the footsteps of father, even unto the fifth generation, and the entire guide group is the more closely knit because several of the families are related.

For a long time the cave guides speculated on where the enigmatic Roaring River might lead anyone daring enough to try venturing far beyond the Keyhole. Even back before the Civil War Stephen Bishop, a slave, had gone far up the stream and reported that he had heard a "waterfall". In reality there is no waterfall on the river. The ever-reverberating sound of the river waves lapping against the walls of the cave produces the roar of a waterfall, for the passageways are of the right size and contour to build up certain tones to an almost deafening crescendo. Perhaps the rumbling menace of Roaring River had a part in prolonging the exploration of this subterranean stream. Every time the guides went on a fishing expedition up the higher reaches of Roaring River they wished to venture further. The famous Mammoth Cave blind fish, *Amblyopsis spelaeus*, can be caught more easily in Roaring River than anywhere else in the cave; and so once a year, and sometimes twice, the guides go up Roaring River to catch a supply of blind fish for display to visitors.

The roar of the river held a threat. There was a good reason why exploration had never been pressed on to the end, where possibly the waters might lap against stone roof and walls, why Roaring River remained mysterious and forbidding. It is an undependable river, a treacherous river. Rains on the surface cause rapid rises. Sometimes the water rises as much as 6 feet in an hour. At the Keyhole, Roaring River flows through a low-roofed channel, only about 4 feet from the ceiling. With heavy rains the river rises quickly at this point, and would thus trap anyone who had slipped through the Keyhole.

In 1938, more than a century after Stephen Bishop's crawl across the Bottomless Pit that led to the discovery of Roaring River, two guides took up their gasoline lanterns and carried on the search. October had brought

an end to the busy tourist season. Carl Hanson and Leo Hunt decided a bit of "caving" would be just the relief they needed from the monotony of routine guiding. The river was low that day, for October is a dry month, and the sky was clear. It would certainly not rain. Up the Roaring River they went. Up four stretches of water they paddled their flat-bottomed scow. Over three stretches of intervening mud and rock they dragged the heavy scow, inch by inch. They came to a place where the river divided into two prongs. Here they stopped. Up above the muddy bank on the right they saw a hole in the wall. The opening was small and muddy, but it led gently upward and looked promising. Carl and Leo crawled into this hole. Slowly they crawled forward, pushing their lanterns ahead of them. To a cave explorer a new crawlway means a promising frontier. And so they squeezed and sweated and panted up the crawlway—300 feet of fine wet sand. Then suddenly they were in an avenue with the ceiling ten feet high. This was encouraging—and a relief from cramped quarters. But their gasoline supply was running low, and they had to turn back. A cave is no place to be caught without a light.

At the guide house that evening the two explorers told M. L. Charlet, the cave manager, and their fellow guides about the new passageways. Everyone was excited. Would there be a magnificent cave at the end of the new crawlways—or would they grow smaller and smaller until the men had to turn back? After a night's hurried sleep the two men were off early to resume the exploration. This time they went on up the river beyond the muddy crawlway opening and found a better entrance to the passageway reached the previous day. This avenue led on for a mile, sometimes getting bigger, sometimes smaller. Then there was more crawling to do. The men crawled for a long way—to the end, where a large rock sealed the passageway. No, not the end, for a 6-inch hole beneath the rock showed that the crawlway continued on the other side of the rock.

Back to headquarters again, Carl Hanson and Leo Hunt were very hopeful. The passageways which they had followed were leading towards Lee Ridge. And those who knew Mammoth Cave region "knew" that someone would some day find a big cave under Lee Ridge. The area has good underground drainage. And the big caves are found under these ridges. Mr. Charlet agreed to let the men go out the following day with tools to make a way around the rock. But necessary precautions were outlined, for cave exploring is dangerous business. Two other guides were sent along—Claude Hunt, a cousin of Lee, and Carl Hanson's son Pete, who later gave his life for his country in the Aleutian campaigns of World War II. They were to help drag the heavy boats over the portages, help in working past the rock, and also act as liaison between the party and the outside world in case anything should go wrong.

The hole under the rock was quickly enlarged, and the men started forward once more. There were several hundred feet of crawling before the crawlway opened up into a passageway that averaged about 10 feet high by 15 feet wide. After working their way through an especially narrow part of this thousand-foot avenue, the four men were very tired. They dropped

down on the floor of the cavern, which widened out at this point. Pete Hanson was a short distance ahead of the others, lying on his back, resting. He looked around and then quietly stared almost straight above for a few moments. The ceiling glistened white and clean in the lantern light. This was something new.

Pete Hanson jumped up. "Come on, boys," he shouted, "we're in another world." They all rushed forward into—the "new world." Broadway in the old part of the cave was like this new avenue in size, but here was truly "the Great White Way." The clean white channeled walls and ceiling of the passageway sparkled as the light fell on gypsum crystals that covered them. The floor was covered with what looked like red-pepper and salt, a mixture of red sand and gypsum crystals. It led on into the darkness like the smooth curves of a highway looming up before the headlights of a car at night. They hurried along.

This was beyond reality. This was the stuff of dreams. Snowy gypsum crystals lined the ceiling, the walls, and even the floor, for hundreds of feet. They came to many crystal-covered grottoes in the walls and ceilings—some small, others large enough to walk into. Gypsum "flowers"—from tiny daisy-like blossoms to exotic "lilies" with curved petals up to 15 inches long—grew from all sides in profusion.

And there were other wonders. Gypsum crystals occur in a wide variety of forms. The explorers found masses of gypsum that look like balls of cotton or the cotton candy of carnivals. They found crystalline ribbons of gypsum spiraling from the walls like corkscrews, some of them 18 inches long. In other places round masses like snowballs stud the cavern walls. They came upon "pincushions" bristling with gypsum needles. These transparent needles grow in clusters from floor and wall and ceiling; some of the needles are 18 inches long and perhaps a thirty-second of an inch in diameter. As the men walked silently by, the crystal needles waved gently in the current of air. The men held their lanterns close, and the needles waved in the convection currents produced by the heat.

They had been silent. But finally one of the men said: "Why, this is Paradise." And so a part of the main avenue where the gypsum formations are thickest has been named "Paradise."

Travertine formations, the calcium carbonate dripstone and flowstone, are secondary in importance to gypsum in the New Discovery. But one of the most outstanding single features of this section of the cave is a travertine dam 42 feet 3 inches long and over 4 feet high. The dam extends across the avenue from wall to wall. At one time it impounded spring waters to form a small subterranean lake—like Crystal Lake in the Frozen Niagara section of the cave. Here, though, the lake dried up long ago when the springs that fed it failed, and fine mud cracks cover the floor that was once the bed of the lake. This travertine dam section as well as several branches off the main avenue contains beautiful small displays of stalactites, stalagmites, and cascades.

Oh yes, it was a new world! The four cave guides hastened on. They almost ran over the smooth sandy floor of the cavern. They had much to see before the lanterns ran low. Never before in the unknown ages that it took to dissolve and erode the caverns—in the ages during which mineral-laden moisture built up the layers of gypsum crystals and slowly laid down the travertine formations on walls and floor and ceiling—had the voice of man been lifted to echo and re-echo down these corridors. Carl and Pete Hanson and Claude and Leo Hunt made the first human footprints in the crunching sand—untrod by human foot in all the cave's existence of possibly millions of years.

Only lower forms of animal life had been this way before. The explorers found thousands of bat bones in dried-up little pools on the cave floor. Other bones in scattered places (discovered later) show that the raccoon had been there, too. And perhaps a bear had wandered through those dark aisles. They found several live bats hanging upside-down from the ceiling, asleep. In damp places cave crickets moved about in hordes, waving their overgrown antennae jerkily. On the sandy floor in moist places they saw many beetle mounds. There was far too much to see.

Back down Roaring River and down Echo River the four exuberant men paddled their scow. They sang and shouted. No longer the quiet reserved cave guides, they were returning conquerors. As they moved swiftly down the narrow winding corridors of the treacherous stream they had subdued, the resonant chambers reverberated with their songs—"Old Black Joe," "Swanee River," "Just One More River to Cross."

Mr. Charlet heard them coming. The men were safe and the news must be good. Mr. Charlet was Cave Manager at that time and is Chief Guide now that Mammoth Cave is a National Park. Deeply concerned with everything about Mammoth Cave—its guides, its welfare, its history—he listened with great satisfaction to the marvelous tale of the New Discovery. October 10, 1938. It was a memorable day for Mammoth Cave.

Superintendent R. Taylor Hoskins of Mammoth Cave National Park, Mr. Charlet, and all concerned with the management of Mammoth Cave immediately got busy making surveys to evaluate the discovery and to prepare the new part of the cave for exhibition to the public.

Over four miles of passageways have been surveyed. Many additional miles of cavern and a new river are still uncharted. With information from the survey a point nearest the cave was located on the surface. At this place along the slope of a valley, engineers blasted a new entrance into the cave, to make it more easily accessible than by the tortuous way the discoverers followed.

Kenneth Dearolf, biologist, made a study of the animal life in the New Discovery while it was still new and undisturbed. Specimens of bats and 12 invertebrate species of animals were found. Bones of bats, raccoons, marten, lynx, and wood rat, were also found. The bats and the remains of other vertebrate animals are an indication that an outside opening into the New Discovery has existed. It is improbable that the animals entered by the devious way from Mammoth Cave's natural entrance.

All those who have seen the New Discovery agree that it is different from anything in the old part of Mammoth Cave. They agree that it has more unusual features, more abundant and spectacular cave formations. Impressive, too, is the whiteness, the cleanliness of the passageways. It is a beautiful masterpiece unsoiled and bright—like a new sparkling gift just unwrapped.

Present plans call for opening the New Discovery to visitors as soon as possible, but when this will be no one knows. Probably it will be a matter of years. In the meantime the cave guides will continue the exploration of this underground wilderness of Mammoth Cave. They will probe into the farthest corners of the New Discovery. They will paddle cautiously up and down its unexplored river. They will also look for a new crawlway that will perhaps lead into an even bigger "New Discovery"—possibly under Joppa Ridge, for that area too has good underground drainage to Green River. And the guides know that caves around here are found under such ridges. "Caving" is in their blood. They will continue to explore, to be on a sharp lookout for what's just around the corner in this subterranean frontier—mainly because they cannot help it.

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In Volume xxii, we have a story on CAVES AND WHERE THEY LEAD US. In this story we tell where Florida gets its great quantities of water bubbling up in its 30,000 springs.

At Clearwater, which is a peninsula (which means nothing in the sinking of continents) just east of the city there is a long, irregular "sink hole." It is about a mile wide, several miles long, and is snake-like in its irregular contour as seen from the surface. Florida is a low flat level land. Little of it is much above sea level at any place. Clearwater is about ten feet above. This "sink hole" referred to is actually BELOW sea level. Down below, and not so far down, at one time was an irregular limestone washout of a tube cave runway. Sometime the ceiling gave way, a sink hole of length caved in, and now we have a surface valley apparent to the eye. This valley is about fifty feet lower than the surrounding level land. There is now a small creek running thruout its length on the surface but not sufficient water to ever have washed out this valley. There can be no other accounting for this one exclusive valley we have seen in our ramblings thru Florida—east or west coast.

On our 1950 "vacation" trip, we set out one morning for a greater study of the water shed of Florida which is one of the most intriguing research studies we made for some time.

Most big springs, such as Waukulla, Rainbow, Silver, Natural Fish Bowl, Lake Okcheekoobee, are located about center of Florida, east to west, and run about on a line north and south. Two exceptions we observed are gigantic bubbling springs three miles off east coast of St. Augustine, and mud hole or fishing hole off Fort Meyers on west coast. Weekiwachee Springs is one of those laterals of the main stream mentioned, running north to south. As is true of any cave, washout has one general direction, which in this instance is north to south, but there are many lateral smaller washout caverns.

In some spots in Florida there is no water, no matter where or how far you dig, such as at St. Petersburg which is on the point of a peninsula. Their water comes from north of Tampa, over the causeway between Tampa and Clearwater, then down to St. Petersburg, a distance of approximately sixty miles from north to south, thence east, then south again. Peculiarly, Tampa claims the right to have some of that water because the pipe goes thru Tampa.

A few years back, there was much discussion and even Congressional action about cutting a canal across Florida from Jacksonville to Tampa. Plan was finally abandoned on theory that digging a canal might stop flow of subterranean water below canal to rest of Florida, making it barren and a desert, for Florida MUST have water, otherwise all Florida would be but a coral reef. If the canal idea went thru and if they dug deep enough to cut into the main artery stream thru some mountain peak of some submerged mountain below which contained the main river stream, they would give it a continuous outlet thru that cut into the canal, and thus flow either in Atlantic ocean or Gulf of Mexico, and balance of Florida would be deprived of water south of that cut. However, that would be improbable. Suppose the depth of the canal cut were sixty feet to take most any ocean-going vessel, this still would not go deep enough to hit any main artery cave stream below; for while there is superficial water at three to four feet, this is a skin exudate from main flows below. To get good strong flowing wells it is known they must be dug not less than five hundred feet, and generally six to eight hundred feet, to get a continuous strong flow.

Hydrographic water "experts" of Florida are worried about future water supply of Florida. One needs to travel down east



coast and up west coast, as we have done on this trip, to see colossal building of hotels, motels, apartment buildings by hundreds of thousands — all of which calls for increased water supplies for cooking, toilets, sprinkling lawns which must be done persistently to get anything to grow and keep it growing. They are worried as to whether there is enough supply to provide for constant growing futures. If our theory of supply is correct, there is no need to worry as long as the North has the supply thru subterranean caves, UNLESS the capacity of a bottle neck in some cave somewhere between Florida and Hudson Bay would limit that supply and demand in Florida was greater than could get thru that or those bottlenecks — and that IS the unknown imponderable question because nobody knows size of those caves.

When one realizes colossal quantity of hotels and other developments being erected all over Florida, seemingly a prodigious overbuilding, and realizes nonproductive soils require heavy fertilization and constant water to produce crops or anything else, we can understand constant demand for more and more water is going on and supply is now more or less fixed, except for everlasting and perpetual washing out going on below in caves — altho slow. Demand is rapid; water washouts below are slow. One has only to visit some of the great springs to realize there is a constant bubbling up of contents of caves below as they are being washed out.

En route from Clearwater to Jacksonville, we visited "Nature's Giant Fish Bowl", a huge spring fifty feet deep and issuing six million gallons an hour, or 144,000,000 gallons a day. This spring is source of Homosassa River. It is fresh water, has fresh water fish, and is only nine miles to salt water of Gulf of Mexico. There are thirteen other springs around here; quantity they shoot forth is unknown. Located on west coast, away from center of state, it is possibly a lateral side shoot cavern from main stream in center.

How about theory that rain supplies this water? It won't hold water! Could it rain six million gallons EVERY hour, EVERY day, EVERY week, EVERY year for hundreds of years? Reason why Florida's "water experts" offer rain theory in explanation is that ALL they know or study are surface conditions. If they knew under surface conditions, viz., CAVES, and studied two combined, they would have solution WE offer.

Next on our research was Rainbow Springs. This spring issues four hundred fifty-two million gallons of water DAILY according to 1949 Hydrographic report. They have guessed part of our solution, at least to extent they now admit this water comes "from up in the mountains of North Carolina and Virginia." Does it rain that much up there?

Rainbow Springs are four miles northeast of Dunnellon — large signs along U.S. Highway 41 indicate paved road leading to springs pool.

These springs, rising among wooded, rolling highlands in southwest corner of Marion County, form headwaters of Rainbow River which winds its way south for five miles to point where it joins Withlacoochee River. Head pool is semi-circular in shape with a diameter of about four hundred feet. Principal improvements surround this pool, while one mile to east other springs form a second pool whose outflowing waterway joining Rainbow River gives headwaters area of river shape of a huge, rounded "Y".

There are four relatively deep spring cavities in headpool, and four cavities of lesser depth in pool to east. Maximum depths in these headwater cavities on February 18, 1947, were 11.6 and 14.2 feet, these being in first and second narrow reaches of pool. Cavities in east pool and run near their southeast shores were sounded on same date and found to have depths of 4.5 and 7.0 feet. A spring one mile downstream from headpool, which boils from a crevice in limerock, known as Garfish Hole, was found to have a maximum depth of 24 feet on January 8, 1947. Numerous small springs and small boils may be noticed in both pools and river. Aquatic vegetation is very luxuriant at these springs.

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Temperatures have been observed at the Springs, as follows:

<i>Date</i>	<i>Water Temperature</i>	<i>Air Temperature</i>
February 9, 1931	72	75
March 16, 1931	72	69
April 6, 1931	72	63
May 6, 1931	79	74
June 26, 1931	74	86
May 21, 1938	75	

June 20, 1938	72	
June 2, 1945	76	
June 18, 1946	76	87

Discharge: Flow of Rainbow Springs has been measured at about monthly intervals since February 9, 1931. Trends of discharge follow those of Silver Springs fairly well. Annual mean flow for period 1932-46 is 699 second-feet or 452,000,000 gallons daily.

Comparisons of discharge of Silver Springs with that for other large springs in the United States are interesting. Beckman and Hinchly state:

"The available records indicate that the average flow of Big Springs in Missouri is about equal to that from the upper pool of Silver Springs in Florida and that these two share the distinction of being the largest single-outlet springs in the United States, altho the total flow of the Silver Springs group is considerably larger than that of Big Spring."

Data available at present time indicate Rainbow Springs should be included in this classification, and probably portion of its flow from a single outlet is larger than any other known spring. Of large springs existing principally in California, Florida, Idaho, Missouri, Montana and Oregon, average annual discharge of Silver Springs is apparently greatest. A Federal Hydrographic Survey report given this year (July, 1950) credits Rainbow Springs with a daily flow of 659,000,000 gallons.

Quality of water: Water in Rainbow Springs is not as hard as in most springs in Florida for which analyses are available. Dissolved mineral matter consists essentially of calcium and bicarbonate. Two analyses made nineteen years apart are almost identical except for sulfate concentration.

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Next stop was at Silver Springs—our third visit to this honky-tonk place, but nonetheless one of the greatest springs in the world which we have written up in *CAVES AND WHERE THEY LEAD US*, in Volume xxii, Palmer, 1949.

While at Rainbow Springs, General Althaus called our attention to a book *THAT VANISHING EDEN*. He loaned it to us to take to Silver Springs, where we picked up a copy of our own.

We now quote ideas which seem to verify in part our contention of the Florida water shed, its sources, its paths of delivery from north to south:

"The submarine platform on which the peninsula of Florida rests has been unstable. Florida has been up and down, rippled, folded, and crumpled to a degree that makes it extremely difficult to decipher." (P. 8)

"The base or platform on which the peninsula of Florida stands is old, very old. Fossils in the form of marine shells and sea urchins, which appear in the material thrown out of ditches in various parts of Florida, date from a time when the region was certainly under water, but do not necessarily show the time when it emerged. Generally speaking, we know that all southern Florida which is now above water is certainly more recently than the northern part of the state." (P. 9)

"Why do not the hurricanes distribute bats? There are some undercut limestone caves—not particularly high, and forming shelters not very deep or very dark—caves which in Cuba or the Bahamas would certainly harbor them. . . . Many of the Bahama Islands have areas of raised limestone high enough so that caves of considerable size have been formed, and by chance there are a number of other spots in the islands particularly suitable for harboring large colonies of bats—for example, the dark underground passages, magazines and dungeons in the old forts . . ." (P. 68)

This author thinks of caves only as places for bats. He does not associate such with a water shed country. If he knew caves, he would have studied them beyond bats.

"I remember one occasion when my wife and I were driving across Paine's Prairie, again not far from Gainesville, in early July. This prairie is the result of the underground seepage of a very large lake. In limestone country such as we are discussing, it is not unusual for a 'plug' to fall out of the bottom of a lake, which will then disappear." (P. 148)

In cave language, we call these "sink holes" where ceiling of cave below has fallen in, bringing surface terrain down with it.

"From one point of view these springs have been a bitter disappointment. I have always expected that from time to time they would spew up samples of the life which we naturally suspect exists in some of these vast subterranean waterways. Consider these facts. In 1895 a curious pallid wreath of a salamander was shot up in the artesian well that supplied water to the Fish Commission Station at San Marco, Texas. This little creature about four inches long—blind, translucent, its limbs modified to serve as threadlike tactile organs . . ."

"From time to time additional specimens have appeared in this well and in others driven in the immediate neighborhood; most museums have a representation of this strange little animal, and a good many individuals have been used for experimental purposes." (P. 122)

"So it is not unreasonable to suppose that these great Florida springs should produce samples of fauna which was probably lurking in the bowels of the earth since Crustaceous times, perhaps a hundred million years ago. There is one possible explanation for their not doing so; that because these great springs simply swarm with fish, creatures of this sort may from time to time have been snapped up when they emerged. A counter-suggestion, however, is the fact that generally fish will not eat the salamanders the way they will eat species of little frogs." (P. 122)

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Following story appeared in The Daily Times (Davenport) November 13, 1950, as an AP dispatch. It substantiates our position re water shed of Florida:

**"FLORIDA'S DISAPPEARING ACT  
CAUSED BY LIMESTONE LAYERS**

**"Farm Lands Sink; Bottoms Drop  
Out of Lakes.**

"Tallahassee, Fla. — AP — Bottoms drop out of lakes in Florida, holes in the ground send out gusts of cool air and well-drillers sometimes are startled by geyser-like spouts.

"It happens because of the limestone which underlies much of the state. Limestone can be dissolved in water and many parts of underground Florida are honeycombed with cavities. Several Florida lakes, famed locally for their periodic disappearing acts, drain out through holes leading into just such cavities.

"In time, leaves and other wood debris will stop the hole and the lake will be restored until its plug decays and the water runs out again.

"The air-conditioned holes in the ground are another result of limestone layer. Extending down to limestone cavities, they suck in air when barometric pressure is high. When the pressure on the surface of the ground drops, the air streams out of the holes in a cool gust.

"If water happens to be locked up in one of the cavities under high pressure, it too will come gushing out if well drillers happen to strike the right spot. Drilling crew members have been knocked down by the sudden streams. One well is known to have spouted 120 feet in air — higher than surrounding trees.

"At Orlando, you can get gas for cooking and heating out of a well shaft into the limestone. That is because for many years the city put its sewage into deep wells, the porous limerock absorbed it and trapped the methane gas that was generated by it. At least one man is using the sewer gas in his home, but the big underground supply hasn't been commercialized.

"Limestone can be treacherous, too. Ask L. G. Long of Plant City, who had been living in his new home just three months when underlying limestone was dissolved by water.

"A 'sinkhole' — Florida term for surface holes caused by dissolving of the limestone underneath — opened in his front yard. It engulfed his front porch and part of his chimney.

"A man near Quincy went out after a heavy rainstorm and found several acres of his cornfield at the bottom of a deep hole. It became quite a tourist attraction for a while."

## CHAPTER 19

# The Story Of THE DARKEST YEARS IN MEDICINE

By Dr. Jean Gautier

*Reprinted from La Vie Claire, Paris*

While medicine, finding itself in a social embarrassment, pursues its evolution, and while sick people more and more are turning toward unprofessional healers and curers, one reads in the press from time to time extravagant praises of Modern Medicine. One such is the case of an article that appeared recently in the Reader's Digest (June, 1949): "The Greatest Years in Medicine," by Paul de Kruif.

One should add that, in our days, a new remedy is often the object of a publicity launching in which millions of dollars are invested, for the purpose of arresting the attention and enthusiasm of the public throughout the entire world in as short a time as possible, in order to assure an enormous sale of the product BEFORE SERIOUS DOCTORS AND PATIENTS HAVE HAD THE TIME TO OBSERVE ITS DISADVANTAGES.

It would be ridiculous to deny that therapeutics in our age have achieved successful cures in shorter time than formerly, especially in the field of infectious diseases. But are these good results indeed the achievement of medicine itself? IS IT REALLY BECAUSE MEDICINE POSSESSES A NEW DOCTRINE, NEW KNOWLEDGE ABOUT MAN AND HIS AILMENTS, AND BECAUSE MAN IS NO LONGER FOR IT "THE UNKNOWN", as described by Carrel?

Not in the least! The greater part of present-day progress originates in chemistry and the laboratory, in a more intensive study of microbes and histological states. SO CHANGEABLE AND FLIGHTY IS MEDICINE! IT PASSES SUCCESSIVELY FROM ONE IDEA TO ANOTHER, BECAUSE BETWEEN ITS HANDS THERAPEUTIC METHODS THAT ARE LITTLE ADAPTED TO THE NAME OF MAN COLLAPSE LIKE A BURST BALLOON. Remedies must be used only so long as they

effect cures, and this perpetual race for new remedies is, FOR THE WISE DOCTOR, MOST DECEPTIVE AND DISAPPOINTING.

To begin with, a particular medicine will cure a number of illnesses, then little by little a certain number elude it; next, those on which it has effect, demand larger and larger doses. This is the case with the sulfamides and the antibiotics so widely used today. THESE PRODUCTS ARE SO ILL ADAPTED TO OUR ORGANISM that a certain number of individuals become intolerant of some and "resist" others. Doctors cannot succeed in understanding why it is enough for one person to have been more or less in contact with a sick person treated by antibiotics and then see these medicines become ineffective and EVEN PROVOKE A SERIOUS ADVANCEMENT OF THE DISEASE. It is because modern medicine finds its therapeutic means more and more in the retorts of chemists that it cares so little about physiological and endocrinological phenomena.

If chemical products give only a temporary satisfaction, we have hardly more to rejoice about in the matter of vaccines and serums. THEY TOO LOSE THEIR CURATIVE PROPERTIES WITH THE PASSING OF TIME, SOMETIMES ENGENDERING GRAVE TROUBLES. They can be originators of physiological disturbances and debilities, generators of conditions more or less indicative of imbalance. THE INJECTION OF NUMEROUS VACCINES TENDS TO DEPRIVE US OF OUR NATURAL IMMUNITY, THEREBY PAVING THE WAY FOR SERIOUS DISEASES SUCH AS POLIOMYELITIS IN THE UNITED STATES. In short, they can destroy glandular equilibrium, from which cancer and insanity can result as a final stage.

In reading the article by Paul de Kruif one gets the impression that modern medicine is an American affair and that it is the last word in the upward progress in this matter. Medical efforts carried on in this country are fallacious, and yet the great Institutes with their well-staffed laboratories produce more curative products THAN FERTILE IDEAS. Infectious or acute maladies against which the bodily organism reacts most often, are fortunately influenced by modern treatments. If this were not so,



one would not know WHETHER TO GIVE THE CREDIT TO THE MEDICATION OR TO THE BODILY ORGANISM.

IN THE CASE OF CHRONIC SICKNESSES, those in which the human economy has only a slight tendency to react, MODERN MEDICINES ACCOMPLISH NOTHING. They are the despair of scientists, for the extension of these ailments is rapid, and laboratories, chemists' retorts, and microscopes ARE NOT SUCCESSFUL IN TELLING US HOW WE CAN PROTECT OURSELVES AND PREVENT THEM. To this ignorance is due the advances made by insanity and cancer. If modern medicine were as efficacious as they would have us believe, it is in the case of these sicknesses against which the body cannot react THAT IT OUGHT TO DEMONSTRATE ITS EFFECTIVENESS. But in combating them it offers us ONLY TEMPORARY PALLIATIVES which do not forestall their development.

Modern medicine, in supporting itself on the positive sciences, supposes that it is making progress toward true knowledge and that it will succeed in piercing the mystery of human problems, of which one of the most important and (to it) most interesting is pathology. But biologists and doctors forget that they are only applying to the Universe an analytical principle which exists in their own understanding, and that they are only perfecting it and making it more complex in order to apply it to universal phenomena: mathematics. It is a means of MEASURING NATURAL PHENOMENA BUT NOT OF GRASPING THEM IN THEIR ESSENCE. In order to succeed in understanding phenomenal states and man, it would be necessary that this mathematical principle be that according to which the world was conceived. Now, the worst blockhead of a scientist can understand that mathematics can be useful in scientific applications or in industrial ones, but not in conceiving a universe!

It is not, then, by a like principle that the Creator imagined the world. Besides, man shows us in the most obvious manner THAT HE FUNCTIONS ACCORDING TO A SYNTHETIC, SYNERGETIC PRINCIPLE which has nothing in common with mathematics and analysis. One can then make the indisputable assertion that IT IS NOT MERELY MATHEMATICAL, PHYSICAL, OR CHEMICAL METHODS THAT WILL GIVE US THE EXPLANATION TO A HEALTHY OR AN AILING MAN.

That is why it is sheer presumption and blatantly ridiculous to speak of "the greatest years in medicine." Such years will be characterized less by therapeutic success THAN BY A DEEPENING KNOWLEDGE OF THE HUMAN BEING and of his normal and pathological states. That will be the time when medicines will have a reasoned effect, lasting and always efficacious. Medicine will then be able to tell us how to live in order to avoid illness and it will be able to aid us by physiological treatment. In a word, it will be preventive: all these qualities it can only claim today, for they are the result of LIVING IN ACCORDANCE WITH NATURE.

(PREVENTION, July, 1950.)

## CHAPTER 20

### The Story Of KEEPING THE RECORD STRAIGHT

It was D. D. Palmer's desire and intention, in his early years with Chiropractic, to keep the principle and practice as a family secret — to pass it down from D.D. to B.J., and from B.J. to Dave. We have often made this statement at various conventions and in our classes. During some of the ten years between 1940 and 1950, Dave had a lantern-slide illustrated lecture titled DOWN THRU THE YEARS. In this talk, he has taken occasion to refute the above statement, saying it was not true.

D.D. originally intended to keep his work a secret. During one of those early years, three people — D.D., B.J., and Con Murphy (father's attorney) — gathered in Con Murphy's office on third floor of Ryan Building, beneath father's fourth-floor offices. Father was expostulating with Con Murphy, stating what a wonderful thing his Chiropractic idea was, how valuable it would be to him and his, and that he intended to use it to cash in for what it was worth, etc. At that time, altho only a young stripling of a lad, we seemingly had foresight to see that, no matter how valuable such a principle and practice was, we had no right to confine it to one person for the duration of his life; that no one man could adjust ALL subluxations in ALL people of ALL the world; that if this idea was as great as father thot and believed it was, it was of too much value to the human race to conceal it and confine it to one person taking care of the sick. It was at one of these conferences that we openly declared our intention of giving it to the world thru people WE would teach, if, as, and when we became active in its use.

This declaration of purpose on our part openly started a breach between father and son which, thru the years, grew deeper, wider, and longer, even up to his death. D.D. made his wife promise we would not attend his funeral.

Knowing that WE would teach Chiropractic to students was what forced father's hand to begin teaching himself, that he might secure for himself the credit of giving it to the world.

The record shows we were granted our diploma from CHIROPRACTIC SCHOOL AND CURE, January 6, 1902. It is signed by D. D. Palmer, V. T. Palmer (his wife), and B. J. Palmer. This proves we were then and had been teaching Chiropractic to others BEFORE 1902. Because this WAS true, Dave has been prone to discount our statement re our giving Chiropractic to the world.

THE CHIROPRACTOR, Vol. 1, No. 1, December, 1904, shows a class of six students. Another class group is shown as of February 23, 1905. The class had eight students. In the group, as instructors, are B.J., Mabel, and D.D. Another class group is shown with O. G. Smith, 1899; Sutton, 1901; B. J. Palmer, 1902; O. B. Jones, 1900; T. H. Storey, 1901; S. M. Langworthy, 1901.

It is plainly evident, if the record is to be relied upon, that D. D. Palmer did begin teaching Chiropractic BEFORE B.J. received his diploma, and that it was the open declaration of B.J. which forced D.D. to begin teaching Chiropractic.

This for purpose of keeping record straight and to refute opinion of one who does not know whereof he speaks.

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(Copy)

Davenport, Iowa, July 24, 1950.

Paul O. Parr, D.C., Pres.,  
Carver Chiropractic College,  
521 Northwest Ninth Street,  
Oklahoma City 3, Oklahoma.

Dear Dr. Parr:

Knowing you are a man of facts, I correct some errors in THE RECORD of August, 1950. It is immaterial to me whether you publish them or not, but in the interest of keeping the record straight, you should. Obviously, I know whereof I speak because I was daily present when the things Dr. Carver purports to speak took present.

P. 6. "... in which ONE adjusting ..." It was THREE on three consecutive days.

"The adjusting room" did not consist of "two booths made in a large room." There were two small rooms 6'x9' each. They were NOT hung with "dark plum-colored velvet curtains, almost dark, the only light that which filtered through those velvet curtains." There were NO curtains of any kind in these two rooms. Light in one on street side was a large window. Other, away from street side, had

an overhead transom that let in light from street side room and a door that led into hallway, which had a glass in door and glass in transom over that door.

"When you first stepped into the booth you couldn't even see the adjusting table, which was made exactly the same shape as the old-fashioned toboggan." This is NOT true! Everything in the room was easily discernible. I don't know what Willard meant by "old-fashioned toboggan." First table is now in our museum. It was a simple, one-piece table, solid flat top. It was not "turned up at ends with no cushions." It was not turned up anywhere. "... and was a beautifully polished and varnished rosewood." It was a plain, everyday, pine wood flat top. It was not painted.

"He had a block about the size of a book, . . ." None of this is true. The patient lay flat down, head flat down on the flat top.

The "first school of chiropractic" was called "CHIROPRACTIC SCHOOL AND CURE." My diploma was issued January 6, 1902, under that title.

I hope you take these corrections in the light I mean. It is easy for time to muddle truth about issues and while I live I shall set down facts so they can be referred to in the future.

My best regards to Mrs. Parr. Hope we meet again somewhere along the line.

Sincerely,

B.J.

BJP/F

B. J. Palmer, D.C., Ph.C.

CHAPTER 21

The Story Of

LOOKING AND LISTENING

By Lucia Carter

Recapturing briefly excitement of early radio, Col. B. J. Palmer, owner of WOC, in a recent interview turned back the calendar to the early 1920s when scoffers called radio "a child's plaything" and WOC was launched as the nation's second commercial station.

Thousands of radios in the quad-city area — where, as in the rest of the country, listening has reached almost a saturation point — were tuned that afternoon to a network show transmitted on a split-second schedule by modern equipment in WOC's building across the street. Other radios were tuned to local or network programs on WQUA, WHBF, KSTT, or an out-of-town station. The area's two present-day pioneer stations, WOC-TV and WHBF-TV, had programs scheduled for that evening.

But Colonel Palmer brought back the triumphs of experimental broadcasts, the early skepticism of the public and later the excited response to WOC programs aroused here and in the far-away places, the haphazard programming of radio's infancy and the innovations accepted by the industry as present-day radio began to take shape.

The station which later became WOC was begun experimentally in 1907 by Robert Karlowa of Rock Island and began broadcasting on amateur wave in July, 1914. The amateur station — which had suspended operations between 1917 and 1919 — began a regular schedule of musical programs, weather reports, and news flashes Nov. 24, 1919. The call letters WOC and the station's government license were granted Feb. 18, 1922, three months after the country's first license was granted to KDKA, Pittsburgh.

Colonel Palmer, who had been experimenting with radio since 1919, bought WOC in March, 1922, and combined the station's facilities with his own experimental equipment in Davenport.

"I can remember when we first sent Morse code messages to ships at sea," said Palmer, recalling his first experiments with



RADIO STATION WOC AM-FM-TV



radio. He became interested in radio through Stanley W. Barnett, a student at The Palmer School of Chiropractic and a former ship's radio operator, who became WOC's first manager.

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The first broadcast of the experimental Davenport station — from a 6 x 12 foot room in the Palmer home — carried 100 yards across the street. It was heard by a student who returned to the home from his room across the street shouting, "I got you!" Palmer remembered. Broadcasts were at first heard only in the Brady Street neighborhood. Later — as the station's power was increased from a half watt to five watts, to ten, and eventually to five hundred, as WOC became the nation's first five hundred-watt station — broadcasts were heard in downtown Davenport, then in the quad-city area, and eventually throughout the world.

Because radio was not regulated in those days and because there was no interference from other stations — WOC was one of twelve stations in the United States in the early 1920s — broadcasts were reported heard in all corners of the world. Colonel Palmer recalled conversations between polar expeditions and broadcasters in Davenport.

"One of my greatest thrills," said WOC's owner, "came on a trip to New York. In the New Jersey meadows, I saw a whopper of a sign, advertising a radio receiving set, which said, 'Get Davenport tonight.'"

"There was no schedule of programs in the early days," said Palmer. "We would sign on whenever someone had something to say and would sign off when he was finished. Anyone who felt like broadcasting could wander into the WOC studio and take a crack at the airwaves," he recalled. "We used whatever we could pick up on the street. Most of the broadcasts featured talks, music, or plays," he said.

Many performers who later became network radio stars broadcast for the first time on WOC, recalled Palmer. Most of the musicians and actors appearing in the quad-cities with road-company shows would turn up in the WOC studio for a try at the new entertainment medium. Most of them would talk, joke, and sing, presenting crude versions of their later network shows.



Entertainment headliners who broadcast in person from the WOC studio in the 1920s include Paul Whiteman, Rudy Vallee, Ruth St. Dennis, Phil Spitalny, and Ethel Barrymore.

Little Jack Little began a broadcast at nine one night, promising to play the piano as long as listeners wired the station. He finished the broadcast seven hours and 8,000 telegrams later. "Those things don't happen now," said Palmer.

Network broadcasting came to WOC January 26, 1925, as the result of a suggestion by Colonel Palmer. "I was the originator of the net idea," he said. He recalled asking the manager of Station WEAJ, New York, during a visit there, "Why can't you pipe music to us?" Three months later, the first network was instituted, linking New York, Buffalo, and Davenport.

"The quad-city area was slow to adopt radio at first," recalled the owner of WOC. "We made up crystal sets — what we called cat's whiskers — and gave them away to build up an audience," he said.

When Palmer entered the broadcasting field, friends told him, "A fool and his money are soon parted." They called radio a toy which "would never amount to anything."

"I put \$440,000 into radio before I got back a dollar," he remembered. Radio's rise as an industry and a financial success began after government rulings were changed to permit advertising on the air.

(The Daily Dispatch, Moline, Illinois, Aug. 2, 1950)

## CHAPTER 22

### The Story Of

## WHAT DOES B. J. KNOW ABOUT CHIROPRACTIC ANYWAY?

By John M. Sturdy, D.C.

Paper prepared and presented at the Convention of the Washington State Chiropractors' Association June 14-15, 1947 at the Olympic Hotel, Seattle, Washington.

Mr. Chairman, Ladies and Gentlemen: —

I have been asked to prepare, and I have done my best to prepare, a paper which I shall now proceed to deliver to you, and I must begin by telling you how deeply I appreciate the honour of addressing you on this occasion. To a Canadian Chiropractor it must be a proud privilege to address such a distinguished gathering as is here assembled. It must be a proud privilege to receive that almost overwhelming hospitality for which you are so famous. For me, may I say, ladies and gentlemen, that it is doubly a proud privilege, for it is the second time that I have been so honoured by your Association.

After giving Dr. Adams the title of my paper, I conceived that it might be judicious of me to enquire as to the line of thought that he might consider I should follow. He replied that that was left to my judgment. He stated that while it was mandatory that I speak for as near the allotted time as possible, there was nothing in the by-laws of this Association which compelled the members to listen. Evidently that was left to the skill of the speaker.

I shall observe with great interest the activity in the neighborhood of the door, attesting to my skill or lack of skill as a speaker.

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## WHAT DOES B.J. KNOW ABOUT CHIROPRACTIC ANYWAY?

Some years ago I attended a Chiropractic Convention at which there was a chiropractor giving a paper on specific Chiropractic. We now know that the message he had to give was of paramount importance — but unfortunately he was a young and untried

chiropractor conducting a modest practice, and, in fact, how he ever came to be on the programme, no one seemed to know. It appeared that the convention committee wanted to be fair to all types of practice, and considered itself generous in allowing him time, even though it was much less than that allotted to those speaking on orthodox Chiropractic. We listened to this chap in pained silence for a short while, content in the knowledge that after he was through we were going to receive something *really worth-while*; some new technique that was the last word.

In discussing his subject afterwards with several of the really big chiropractors of our territory, we were all agreed that as a theory it was all right, but for B.J. to send these poor unsuspecting students out into the world to practice that sort of Chiropractic was cruel and inhuman. He knew, or should know better.

What would they do with cases of Lumbago or Sciatica for instance. How could they get such cases well by adjusting their Atlases? Besides which, if H.I.O. was right and our brand was wrong, then the successful chiropractors throughout the land would be using it and we wouldn't be getting results. Most of us thought that if B.J. would forget about trying to save the school with the proceeds from the Neurocalometer leases and think in a practical manner about the problems of the individual chiropractor, he would be doing Chiropractic a real service. He would be instrumental in uniting that portion of the profession which was at least confining its activities to the old back-bone. Surely B.J. knew better than to think that he could make automatons out of us by reducing the practice of Chiropractic to an irreducible minimum; one formula, one instrument, and one area. He must know that Chiropractors, like medical doctors were not all possessed of the same aptitude. When you took away the individual's right to think, you made a machine out of him. It was just as impossible for B.J. to sit back in Davenport and tell us when and where to adjust each individual case, as it was for Dr. Morris Fishbein to tell each medical doctor throughout the country how to diagnose and prescribe for each case that came in to him.

In the case of the chiropractor it was up to the individual to analyse his patient's condition correctly and then to do what he saw fit. For B.J. to try to put us all on the same level — with

him holding us in subjugation by his right to cancel our neurocalometer leases at any time he saw fit—was all right for the graduate fresh from college, but it simply was not good enough for mature chiropractors who had been through the mill.

To some of us, our importance in our own minds was increased by the fact that we had just sat in judgment on B.J. This seemed to place us above him on the scale in order of importance, and so we returned to our little parts of the world where we were held in a certain amount of respect and esteem, warmed by the feeling that we were not practising any crack-brain philosophy and technique; we were secure because we had proven our ability to get *sick people well* with our system. The thought probably occurred to many of us: if those are B.J.'s concepts of Chiropractic, then what does he know about Chiropractic anyway?

Last summer, on the advice of Dr. Lyle Sherman, I attended the Mycrodynameter conference in Chicago. There were about four hundred in attendance and possibly some of you were there. If you were, you will recall that when they asked a certain user of the instrument to demonstrate it, and when he had secured a patient from the audience, he stood up, threw out his chest and said, "I have always thought of man as being somewhat like a house. When the foundation sinks or rises on one side, the whole structure goes out of alignment. The plaster cracks, and the doors and windows won't close properly." He then demonstrated his technique with which I am sure all of you are familiar. It was his contention that either ilium could be rotated to the posterior or anterior making that leg shorter if posterior, longer if anterior. He proceeded to manipulate his patient whom, incidentally, if my memory serves me correctly, was suffering as the result of a headache. When someone asked if that was all he did, he answered with an emphatic "yes". When asked if he used X-rays, his "no" was equally as emphatic.

This chiropractor was identified by a classmate of mine as the barber who ran the P. S. C. barber shop after hours while attending the school. When he had completed his demonstration he said, "I think B.J. has done a good thing for Chiropractic with his specific work, but I have taken technique from coast to coast and I am sure that if you take this home with you and work with it a while you will be more than satisfied with the results."

By then it was intended to be obvious to everyone that this barber who studied under Dr. Palmer in 1928 had now outgrown his teacher. By virtue of his technique, taken from coast to coast, and about which Dr. Palmer was in total ignorance, he was now in a position to disagree with his master on any point he saw fit. He had about twenty chiropractors gathered around him to learn more about this wonderful technique, and if the question did not enter their minds I know that it did his. "What does B.J. know about Chiropractic anyway?"

On the way out I fell into conversation with a chap who said, "This is a wonderful instrument. It tells you how much innate has." I said, "What do you mean how much innate has? Innate is part of Universal Intelligence which is God, and God is all-powerful so innate is always one-hundred per cent." He called over another chiropractor and told him what I had just said. This other chiropractor said, "Do you mean to tell me that the innate in a man ninety years old is as great as that in a man of thirty?" When I told him that I did, he said he had never heard anything so ridiculous. I pointed out that Dr. Palmer was my authority, and they were quick to assert that if he said that, he did not know what he was talking about. I am sure that had any of you been there you would have known at a glance that each of these chiropractors knew more about Chiropractic than Dr. Palmer. As they had seen fit to disagree with him on such an elementary point, they doubtless were thinking, "What does B.J. know about Chiropractic anyway?"

At the Research Bureau's Convention in Portland early this year, Dr. Lyle Sherman being fully aware of Dr. Palmer's studies and findings, stated that manipulations to the lower spine were not adjustments, as adjustments could only be made to vertebrae which were causing nerve pressure. He pointed out that Dr. Palmer had proved that the only place nerve pressure can exist in the absence of a fracture or dislocation, is in the occipito-atlanto-axial region. He nevertheless felt that these manipulations should be retained as part of Chiropractic, but wondered what to call them. When it was suggested that it be called Chiropractic first-aid, one old-time chiropractor with almost thirty years of successful practice behind him, and with some moral support, rose with indignation and asked, "Do you mean to tell me that what I have been doing all these years was not Chiro-

practic? If that is so, then I have been labouring under a misapprehension and, I might point out, getting lots of people well with this Chiropractic first-aid."

In conversation with him afterwards he was quick to quote many cases which he had corrected by adjusting only the lumbar and sacral areas. It was pointed out that Dr. Palmer did not deny that this *was* possible. It is possible to correct nerve pressure by being involved in an automobile accident; by falling on one's head, or by being blown up, as was the case of the returned soldier in Chicago last winter who, blinded by an accident in combat, had his vision restored by an explosion in the basement of his home. However, *no person* in his right mind would recommend an accident as a means of restoring normal transmission of energy between brain and body, for the simple reason that his chances of being killed or injured are far greater than his chances of a correction. True, a Lumbar or Sacral manipulation could not rightly be considered in the same class as a violent accident, *nevertheless it was the force transmitted along the spinal column to the top which produced an accidental unlocking of the subluxated vertebra if any benefit was obtained from such a procedure.* It was further pointed out that Dr. Palmer had not yet found one case out of thousands examined, in which he could prove with the Electroencephaloneuromyography that nerve pressure was due to a subluxation in this area. "Well," this chiropractor said, "I'll prove it to him, by pain and by removal of that pain by an adjustment in that area." He then advanced many arguments and when, in order to refute them Dr. Palmer was quoted, he would say: "Because he says so doesn't make it so, you know." It was quite obvious that he was convinced that he was as much of an authority on Chiropractic as Dr. Palmer. Possibly he was thinking, "What does B.J. know about Chiropractic anyway?"

Not long ago I visited Denver and was told by a chiropractor there that he did not see why B.J. would not be reasonable and allow masseurology, hydrotherapy, diet, and heliotherapy; that he would put the profession on the rocks if he insisted on restricting Chiropractic to specific work. To my comment that these things were not Chiropractic he replied, "What is the difference as long as they get people well?" He further stated, "I am considered to be a first-class salesman of this Chiropractic, but I'm

darned if I could ever sell that stuff. Why the present-day Palmer graduates just get by; they make an adjustment and then they might check their case for two or three weeks before making another adjustment. We give our patients something for their money every visit, and it has paid off, I might add."

"They get a colonic and then a massage before they are adjusted." And to my query as to whether he adjusted when it was necessary or not, he replied, "We can always make them feel better by an adjustment." He agreed that it was possible to correct all interference with one of these adjustments, but when I suggested that such being the case the best he could hope to do would be not to create some interference with his next adjustment, he said, "Well, we stimulate the nerves by massage and then, as Innate is always working toward the normal, we give a general adjustment which allows innate to put the vertebrae where they should be." As to the length of time innate would require to accomplish this, he said it would vary with each case from instantaneously to a matter of weeks or months. If the correction was made immediately by innate, I was curious to know his reason for disturbing it by making another so-called adjustment—and on the other hand, if it required months, why not allow that amount of time? To these questions he was unable to give a satisfactory answer, but merely said, "You just can't tell your patient to come back in a month; he might get well in the meantime and never return, or he might require another adjustment before the month was up." The thought occurred to me then that if the neurocalometer would do what they say it will do, it would be a mighty handy thing to have; for wouldn't it be wonderful to know that your adjustment had been successful or had failed, or that innate was still in the process of making the correction? It would be a means of keeping contact with your patient during the time required for innate to make the setment. Our conversation became strained from then on and I, being his guest, was forced to listen to a rather vicious attack on Dr. Palmer. I was supposed to stay another day but left the following morning. He told me that he could not agree with Dr. Palmer in any respect. *Here* was a man who was positive that he knew more about Chiropractic than Dr. Palmer. His whole attitude was, "What does B.J. know about Chiropractic anyway?"

Two years ago I was practicing straight Chiropractic, X-raying nearly every case and using any adjustment technique I thought applicable. I had acquired most of them and had made myself sufficiently proficient to get good results. I must have been getting good results, I was enjoying one of the largest practices in the Dominion of Canada. For years the problem was, how many hours a day I could work without breaking down. Then, one day, at the peak of my success, I had a damage suit on my hands. Briefly it was the case of a man on crutches who had consulted me with a swelling in one ankle. Within one week the swelling came to a head and discharged; in another week he was able to discard the crutches and wear shoes for the first time in over a month; and in another week he came in and jumped on it just to show me how good the ankle was. In one month he had gone back to work, and I did not see him again until the action. His return to work *was*, however, against my orders for I had told him that nature needed more time to completely heal the area and insure no further complications. When the condition returned, he sued on the grounds:

1. That I had failed to diagnose his condition.
2. That it was osteomyelitis which could not be considered a Chiropractic case.
3. That I should not have allowed him to return to work.

He claimed \$5,000.00 damages.

If you have never been sued, take it from me, you do more clear thinking during that time than you have ever done in your life. Your professional career depends on it. Take it from me also, if you have never been sued, it is only by the grace of God that you haven't. It's just like having a fire; because you haven't had one for forty years is no guarantee that your house won't burn down tomorrow. It's just like being struck by lightning — one minute everything is rosy then — WHAM — you have a process server in your office who tells your nurse he would like to speak to the doctor on a personal matter. *It's a grand and glorious feeling.* You say to yourself, "Why did this have to happen to me?" Like a man about to die, your whole career, in the twinkling of an eyelash passes before you. You think of all your grateful patients, about all the lives you have saved, and you think too about the plaintiff in the action. He seemed like



such a *nice fellow*, and you remember how happy he was the last time you saw him, and how pleased he was with what you had been able to do for him, and you are convinced that no one could have done more. Then you go home; and when you have closed the door behind you, you think how good it is to be home with those who return your love. You wish that you could stay home forever and not go back to be brow-beaten by the attorney for the plaintiff. That night you don't sleep very much — you just think, and think, and think. In fact for many days and nights you go in for thinking in a big way. You think of the carefree days prior to this action when your biggest worry was your income tax; but you think mostly about your case and how you are going to win it. Oh, I can tell you it's great to feel your hair turning grey. In the province of British Columbia, we have one of the best Acts in the country, yet in the space of four months, actions were brought against three of the leading chiropractors. They work on the premise if you have a large practice you might settle out of court rather than risk the unfavorable publicity. None of the actions was successful. In my case, it was thrown out before the opposing counsel could complete his argument. A rather amusing side-light to this action was, that while on the stand I apparently convinced this opposing counsel of the efficacy of Chiropractic because his small daughter is now a patient of mine.

During the time that I was taking my thinking in large and frequent doses, I would study Chiropractic philosophy. I also wrote Dr. Palmer who, in spite of the fact that he had not heard from me in many years, and knowing that I was not a specific chiropractor, without so much as a question, he replied sending me among other things, one of his works which I studied carefully because I was not going to make any mistakes. It became apparent that there was one glaring weakness in my system, and that was that it lacked scientific proof. I thought what a boon to the profession it would be if someone would invent an instrument that would withstand the critical investigation of the best scientific minds for accurately determining the exact amount of energy flowing over or through nerves from brain to body. It would be a simple matter to pick up a number of points and then, by comparison, determine the one or ones not carrying their full quota. Then we could check on ourselves to prove the effective-

ness of our adjustment. If we had an instrument like this we could enter any law-court in the land where Chiropractic was licensed with our accurate, day-to-day recordings of that plaintiff's energy flow, confident of victory. What were now contentions would be substantiated by scientific proof. It would be possible to answer positively any and all embarrassing questions the opposing counsel might ask such as:

1. How did you know nerve pressure existed?
2. Was this nerve pressure in one or several places?
3. To what extent was normal quantity flow reduced?
4. How did you know that you had relieved nerve pressure when you adjusted the plaintiff?

Yes, it would certainly take a load off my shoulders in this case but, I thought, there is *no* such instrument. I hoped from the bottom of my heart though, that some inventive genius would supply this crying need of our profession within my lifetime.

About this time I was in Seattle and I met Dr. Elmer Green. We spent all of one evening and most of the night discussing my case. Being a member of the Board of Control of the I. C. A. he had had considerable experience with damage actions and was able to give me much good advice for which I shall ever be indebted to him. During our conversation I mentioned my longing for this scientific instrument. He told me that such an instrument had already been invented; that Dr. Palmer in his clinic had the largest one in the world, that this instrument was now answering accurately all the questions that chiropractors had been asking themselves for years. He told me that a group of scientists had investigated this instrument and Chiropractic procedure as exemplified at The B. J. Palmer Chiropractic Clinic and had gone on record to the effect that it was approaching an exact science in application. I decided right then that I was going to Davenport to learn more about this instrument. I made arrangements to spend part of July and all of August at the P. S. C.

On my arrival, Dr. Palmer took me through the clinic and explained exactly how it was operated. He showed me the grounded and shielded booth in which the Electroencephaloneuromentimpograph was housed, and explained the principle and

operation of the instrument. He afterwards showed me the graphs of various patients. I must confess that at that time and on subsequent visits to the chart room, these graphs held little meaning for me. To say that I was disappointed would be an understatement. I felt completely crushed. It appeared that my journey to learn what this wonderful instrument would or would not do, had been a long and futile one. Dr. Palmer was frank to admit that for me to become proficient at graph interpretation would require not weeks, but months of study. I thought that it was fine for Dr. Palmer to tell me that this instrument would measure accurately nerve energy flow, but all I had for my trouble was his word for it. Also, I was told that the instrument was not practical for the Chiropractic office, as there was the cost to be considered which was enormous, also the staff to operate it. I was also informed that, excepting the 'Mentimpograph there were as yet only two ways of determining nerve pressure namely, the NCM and Neurocalograph (which is a recording Neurocalometer) and they were the practical instruments for the chiropractor. This news was very discomfoting because I had used the Neurocalometer eighteen years ago for four and one-half years, and I certainly did not think much of it—in fact I did not want any part of it.

That night I went back to my hotel and did some serious thinking. I thought of the early leaders of thought in the exact science of Mathematics, Astronomy, Physics and Chemistry. I thought of the scholars of Mathematics under Euclid, of Astronomy under Capernicus, Galileo, and Michael Angelo, and Physics and Chemistry under Archimedes. It became abundantly clear to me that in their time, the theories of the aforementioned leaders, later substantiated, were derided by their contemporaries. Even in later days Edison was considered a visionary and in the memory of men living today, flight by a heavier-than-air machine was considered almost as a heresy against nature. It was evident that those who resisted new theories and principles simply because they could not or would not understand them, could never advance. I know that even the most stubborn of us who resisted Dr. Palmer's teachings, that interference to flow of energy between brain and body can only exist at the occipito-atlanto-axial area in the absence of a fracture or dislocation, would readily admit that in all other respects he stood alone as the most ad-

vanced thinker in the profession. Granting that the EENMTG was an exact scientific instrument for determining energy flow over or through nerves, no one could seriously doubt that he is fifty to one hundred years ahead of all others in research and understanding of the function of the human nervous system. *He towers over the Chiropractic field, a veritable Colossus of Rhodes.*

I could see that Dr. Palmer was not *mightily concerned* about average net of \$4.00 per year that he would receive from my NCM contract. I reasoned that despite the fact that for fifteen years we had been resisting specific work and disparaging the NCM, today this work was stronger than ever. It was evident that had it been wrong, by now it would have lost even its staunchest supporters. On the contrary however, the most successful chiropractors throughout the world were using it. We had always censured the medical profession for resisting the science of Chiropractic. I felt that chiropractors would be infinitely more guilty, considering their knowledge of the function of the human nervous system, if they resisted an advance in the practice of Chiropractic purely because they failed to understand it. With these reflections I could see that there yet remained one important decision for me to make before I could achieve an unprejudiced state of mind — namely — until I had proven him wrong, was I going to accept in toto Dr. Palmer's findings with the EENMTG?

I considered it in this manner. Whose counsel would I advise a child to accept? That of a stepfather, trying to influence the child against his father for the simple reason that he is completely dependent upon the child's earnings for support — or — that of a father, standing ready to spend the last five-cent piece of his personal fortune with no thought of self, in the interests of that child's welfare. Remembering that Chiropractic is Dr. Palmer's baby, and that regardless of what school we are graduates of, he has a personal interest in each and every one of us, seriously, whose counsel would you advise a chiropractor to follow? That of any one of the untried exponents of the multitudinous techniques, who stand only to gain by your acceptance of their outmoded teaching, capitalizing on the age-old axiom that the first human impulse to resist new thought is dictated by fear of the unknown — or — that of Dr. Palmer, who years ago could have pulled out of the school and Chiropractic a wealthy man but who, instead, stayed — pouring his resources back, in

the interests of Chiropractic — his baby — and who, for over fifty years has devoted himself untiringly with but one thought, one purpose, namely the preservation of Chiropractic in its purity for posterity. Seeing it in this, its true light, I could no longer hesitate. I decided to open my mind to the work in a sincere effort to understand it. I enrolled in classes in Neurocalometer and precision X-ray techniques, becoming at the same time a patient in The B. J. Palmer Chiropractic Clinic.

When I was being examined and tested in every conceivable manner, I was greatly impressed by the obvious sincerity of purpose on the part of the clinic personnel as a whole. It seemed to me that Dr. Palmer must indeed be a spell-binder if he could pull the wool over the eyes of such a large group of fine intelligent individuals. I entered the clinic with a back condition, the result of an injury received twenty-two years previously, and after having had two specific adjustments within a period of two weeks, I experienced more benefit than I had received during the twenty-two years from hundreds of adjustments at the hands of chiropractors using all other techniques combined. My observations in the clinic were most revealing. *There* the adjustment which many chiropractors administer with such reckless abandon, is treated with as much respect as a delicate brain operation. *There* they realize that when an Atlas adjustment is given, the chiropractor is working in very close proximity to the brain, and that a so-called adjustment given when no nerve pressure exists, can bring consequences within a period of time which may not be blamed on the chiropractor by the patient, but which nevertheless are directly attributable to the so-called adjustment.

In the clinic following the adjustment, every effort is bent toward assisting Innate in making a setment; patients being wheeled away on an ambulatory cot to rest for two or three hours. This rest is, to my mind, one of the important factors in the results obtained; yet do you know what one chiropractor called it? SHOWMANSHIP. His brain was so simple that he failed to grasp the importance of this elementary precaution.

The instruction in Neurocalometer technique soon revealed that this work had changed vastly in the past twenty years. Their knowledge of the instrument was much greater. They had learned a great deal about what it was trying to tell them from the 'Mentimpograph. They talked of pressure patterns. They

also thought of vertebrae as being locked out of position. They reasoned, as I had in the past, that any one of a number of minor incidents, such as striking one's head, stumbling, or falling might produce nerve pressures. When it came to the correction the similarity of our reasoning ended. I thought, as all the old-time chiropractors think, namely, that the vertebra was gradually restored to normal by a series of adjustments though it might slip out to a certain extent between adjustments, there was always a certain survival value from each adjustment and the adjustments must be persisted with until the patient regained his health. They believed that as it was a small strain or jar that put it out, it could be restored by a single adjustment. It was simply a question of unlocking the vertebrae, and then checking to make sure that they returned to their normal position. If the patient was engaged in strenuous work, or did not take proper precautions to insure the setment, it might require more.

When I had absorbed all the knowledge I could in the allotted time, I determined to take some instruments home with me and give them a fair trial. I was forced to admit that it was working there, and I wanted to see if it would work for me. I started slowly on old patients who felt that they had received great benefit from so-called adjustments to the lower spine; giving them what they wanted as well as specific technique. New patients received nothing but specific work and I kept a careful record of all cases to see how they were progressing. It soon became evident that both principles would not work at the same time. The pre-check would show good progress and then when I manipulated the lower spine, the post-check would show more interference had been created in the upper cervicals; also I was getting much better results on the cases which were getting nothing but specific Chiropractic. At the end of two months, I confined myself exclusively to specific work, and without exception all of my old patients made better progress. *It was the most wonderful and thrilling experience in eighteen years of practice.* Patients were not only pleased because they were getting well faster, they were better satisfied because they could perceive the logic behind only adjusting when nerve pressure was proven to exist; and they were happy when no adjustment was necessary. I learned that this scientific Chiropractic, of which I had been leery for so many years, was in reality, more cogently responsive

to the logic of my patients. In other words, anyone who has made a success of the Chiropractic of twenty or thirty years ago would make a greater success of up-to-date, scientific Chiropractic. As my understanding of specific work has grown, so my respect and appreciation for the master chiropractor whose brilliant mind conceived it has increased. The reasoning behind it is so simple, I am constantly amazed that it escaped me for so many years. The barber's theory sounds reasonable, but will not withstand close inspection. I could argue the point, but time will not permit. Suffice it to say that most of us, finding curvatures present in the spine have adjusted the apices of the curvatures as we were taught, and levelled up the length of legs and Ilii, only to find that in days or weeks the condition returned. If anyone thinks that it is possible to make a lasting correction in this manner, I would like to make a sizeable wager with him that, providing I can either take the X-rays or be present when they are taken before and after manipulations, that no permanent results can be obtained by this method. It won't do any good to prop the patient up with heel lifts either; two wrongs have never yet made a right. Congestion and pain at the base of the skull are the result of this procedure.

Considering it from the other end, however, it is a vastly different matter. When the Atlas side slips, it always rises on the side of laterality (the exception being when anomalous structures are present). The result is, the centre of gravity of the mass on top — the head — is displaced in the opposite direction. The head in the live individual, I am told, weighs up to twenty-five pounds. Now this is a substantial portion of any person's weight, and when it is thrown off balance, innate intelligence endeavours to balance the body once more. The supporting spinal column must be placed under the centre of gravity of the head. If this is not accomplished at once, the person thus afflicted could not long remain erect. I am sure everyone has seen a seal with a ball balanced on its nose, you know that as the centre of gravity of the ball shifts, the seal must move to get under it or he will drop the ball. Exactly the same thing takes place in the body. First there is an adaptative scoliosis in the cervical region opposite to the shift in weight. This is followed by another adaptative scoliosis in the opposite direction in the Dorsal area; and finally an adaptative scoliosis in the Lumbar similar to that in the Cervicals. Putting

it simply: providing that Axis is not a variable and goes with Atlas, a right side slip of Atlas would produce a right Cervical scoliosis, a left Dorsal scoliosis, and a right Lumbar scoliosis with Sacral hiatus right of the median line producing the effect of a left short leg or left high Ilium. Now it is important to note that these curves are all purely adaptative, and in the absence of a fracture or dislocation, produce no nerve pressure and should not be manipulated under any circumstances. This is no longer a theory subject to dispute, it is a proven fact. We now know that the only way the curves can be corrected permanently is by eliminating the cause, namely the nerve interference in the occipito-atlanto-axial area; thus restoring normal body balance.

I have proven specific work to be correct in principle and practice to my complete personal satisfaction, and I make the unqualified statement that if I had to give up my Neurocalograph and Neurotempometer and revert to the old-fashioned Chiropractic, I would stop practicing. I would do this primarily because my heart would not be in it. I now know that there is something better, and I always like to have the best. Practicing without the instrument is working in the dark. Working in the dark means increasing the possibility of error, which in turn means increasing the possibility of injury to the patient — *and that means increasing the possibility of a damage action.* Scientific Chiropractic reduces *all of these possibilities to a minimum.*

We know that much of the so-called retracing which is the rule rather than the exception under the old system is due to an increase in interference with energy flow. I don't mean to give the impression that retracing does not take place under specific Chiropractic — *it does* — the patient in most cases *does* go through a cycle of correction, but it is of much shorter duration.

Chiropractic has made advances every year (perhaps I should say — knowing it to be nearer correct — that Dr. Palmer has made advances in Chiropractic every year) and no matter what the year, results, and good results can be obtained by that model of Chiropractic, even the 1914 model. Needless to say, the 1947 model specific Chiropractic will produce a *very* much higher percentage of results than any and all other models combined. That might be considered an extravagant statement, but I make it in all sincerity. While my knowledge of Chiropractic is as a drop in the bucket compared with Dr. Palmer's, still it is better



than some. I have been studying it since I was ten years old, adjusting my father since I was twelve, and practicing since I graduated from the P. S. C. in 1929. As I have said before, I am familiar with most techniques and have used them on over 10,000 patients; but I want to say here that never before, even in my fondest dreams did I imagine the terrific potency of this force that flows over or through nerves. No one who is not a specific chiropractor can have any concept of it, for it is only by giving *one specific adjustment* and then following the case along by making regular checks, that a chiropractor can get a true estimate of this power within us. *One specific adjustment* and all hell-th breaks loose. I wish that it was possible for everyone not practicing specific to have this experience. I am referring particularly to the *old timers* — the *pioneers*. Unfortunately not all old timers have kept up-to-date like Dr. Adams and Dr. Green. I am ashamed to say that they have been years ahead of many of us more recent graduates. Coming from a Chiropractic family, I am personally acquainted with most of these pioneers. I know them to be, for the most part, fine gentlemen. Chiropractic throughout its brief history has indeed been fortunate in having more than its share of individuals with courage and determination to stand in the face of adversity against *tremendous* odds, fighting for what they believed to be right. The profession as a whole owes a great debt to these sterling characters. and I for one feel that it is indeed a tragedy of the first magnitude that they, for the most part are practicing obsolete methods. In conversation with me, many of them have said, "I believe you're right about this specific work, John, but I am too old to change now." Most of them know now that Dr. Palmer was right all along and that they were wrong. Most of them, true sportsmen to the end, are happy that theirs is a lost cause and that once again truth has prevailed. The immortal lines of Alfred Lord Tennyson seem to express their feelings more poignantly than anything I could write.

The old order changeth yielding place to new.  
And God fulfills Himself in many ways,  
Lest one good custom should corrupt the world.  
Comfort thyself; what comfort is in me?  
I have lived my life, and that which I have done  
May He within Himself make pure! But thou,

If thou shouldst never see my face again,  
Pray for my soul. More things are wrought by prayer  
Than this world dreams of. Wherefore let thy voice  
Rise like a fountain for me night and day.  
For what are men better than sheep or goats  
That nourish a blind life within the brain.  
If, knowing God, they lift not hands of prayer  
Both for themselves and those who call them friend?  
For so the whole round earth is every way  
Bound by gold chains about the feet of God!

*(First three lines quoted)*

Their Chiropractic was a good custom, but it is only fitting and proper that it should die out with them lest it corrupt the world. Nevertheless, these fine gentlemen are deserving of our respect for the part that they have played in the fight for legislation throughout the world. I feel very deeply about that and I am always saddened when thinking of them.

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*What does B.J. know about Chiropractic anyway?*

When Dr. Adams wrote inviting me to appear today, he requested the title of my paper, and without much thought I gave him the above. When I started to write, it was evident that it was too big a subject to do justice to in the time allotted — there is so much to be said. It would have simplified things had I had the foresight to re-word it to read, "What Doesn't B.J. know about Chiropractic?" In that event, though, Dr. Adams would have been confronted with a large vacancy on the program between the hour of 3:15 and 5:15 today, for I could have answered that question in one sentence — *There is nothing now known about Chiropractic that B.J. doesn't know*; — also practically without exception he knew it before anyone else. Consider the statement for a moment. "*There is nothing now known about Chiropractic that B.J. doesn't know.*" What do you think about that? Have you some pet technique about which you think he does not know? Perhaps you think that you have put your finger on some weakness in Chiropractic philosophy. B.J. will be on shortly — no matter what it is — put the question to him, and I would like to wager that he will give you a comprehensive answer so fast that you will be completely bewildered.

We have all heard a great deal about new techniques, some surrounded by a veil of secrecy. Well, Dr. Palmer has discussed them all in various works including the Hurley-Saunders-Logan's Basic Technique in Volume XX. There are no so-called new techniques about which Dr. Palmer does not know.

When I first started to practice I used nothing but the Palmer Recoil with torque when adjusting. One day some chiropractor said in a horrified voice, "Do you still use the torque?" When I replied that I did, he said, "Have you ever tried to screw a spike into a plank with a screw-driver?" In a flash I saw where Dr. Palmer was making a big mistake, so I stopped using it. I also discarded the recoil of *more recent* discoveries for all purposes save lower spine adjusting. Since using the neurocalometer I have retraced my steps and discarded one by one, the countless techniques I had acquired, in favour of the Palmer recoil with torque; for I found it gave the vertebra to a far greater degree, that "staying-put" value. Dr. Palmer was just as right in 1920 before the NCM as he is in 1947, *proven to be* by the NCM.

Similarly all spinal X-ray techniques were pioneered at the P. S. C. under Dr. Palmer's guidance. The thirty-six inch spine, which I note is becoming very popular, was first introduced at the P. S. C. and is still used there, not to adjust by, but purely as a check on progress. Similarly, Dr. Palmer insisted upon and got, new techniques to show Atlas rotation. Stereoscopic views of all placements, along with vertex, and base posterior views were the result. High milliamperage technique was tried but discarded because it was highly dangerous when numerous X-rays had to be taken, and too, while contrast was better, detail was sacrificed. The posture constant which includes the precision vertical cassette holder and turntable etc. were also developed at his suggestion. In fact, everything now known about spinography (which incidentally is his coined word to indicate spinal X-rays) was either his idea, or he is thoroughly familiar with the technique.

Specific work, Dr. Palmer's brain child, is a masterpiece of perfection. I have heard it stated that it was the result of neurocalometer research. This may be so; but *I believe* the countless hours that Dr. Palmer spent in court actions as an expert witness had something to do with it. I am sure that the desire to protect us chiropractors, to make us safe in our practices supplied at least

some of the stimulus. It used to be a well-known fact that anyone making Chiropractic his profession, willingly forfeited a number of years of his life. If you were to make a success of it, you had to be driving at all times. It sapped your energies because to a large practitioner there were a great many worries connected with it. Specific work has changed for the most part, all of this. I personally feel years younger and, incidentally, infinitely happier since, as Dr. Palmer said this morning, "the fog has lifted." I don't mean to give the impression that it is play. There is no place in this work for the *slovenly mind*, the *slipshod* chiropractor. It is a *highly accurate scientific work*. Dr. Palmer has liberated the chiropractor; he has taken him out of the category of a rubber in a steam bath. (I mean that seriously. Once I was badly bruised while playing polo, and I thought that a steam bath would help take some of the soreness out. I asked for a rub down, and instead got the Spears system, all for seventy-five cents, that was pre-war.) Dr. Palmer has taken the chiropractor out of this unscientific category and made him more scientific than all the other practitioners of the healing arts combined. Yet for fifteen years he has been as a voice crying in the wilderness; repeating and repeating, and repeating: "Come, all ye who are loyal to the Chiropractic principle, let me protect you; accept this scientific practice and you will be safe, you will get much better results, and consequently build a bigger practice." Many replied, "What's B.J. trying to do, kill Chiropractic?" They did not seem to understand that Dr. Palmer more than anyone else was not here to preside at the funeral services of his beloved baby, Chiropractic.

In conclusion I would like to draw from history what seems to me a parallel. You all know the story of how Christopher Columbus, believing that the earth was round, started out to find a westward route to India. He started out with one hundred men and three small ships. For days Columbus sailed on without seeing the slightest sign of land. By this time his sailors had become frightened. They thought, "the old tales are true, the sea will end in a great waterfall over the edge of the earth and we and our ships will be dashed to pieces." They wanted to turn back, and some of the more desperate threatened to throw Columbus overboard if he refused.

Columbus was a strong, fearless man, and he would not give

up the goal toward which he had worked for so many years when success might come any day. The commanders of the other ships and some of the men were loyal, so the ships sailed on until they sighted land on October 12, 1492. *That* was how America was discovered. Had Columbus been a weakling, there is no telling how many years history would have been set back. It was largely through his efforts that the earth was proven to be round. I *say proven* to be round. Does anyone here doubt that the earth is round? Well for many years after it was proven to be round, people were still claiming that it was flat. As recently as last year some intelligent individual made the front page by stating that he believed it to be flat.

Dr. Palmer is a strong fearless man. *He* knew the furore that specific work would create within the ranks before he introduced it. Many of his supporters tried to persuade him to turn back, but *he* would not give up the goal toward which *he* had worked for so many years, namely a specific for all disease. He had proven specific work to his own complete personal satisfaction for at least three years prior to making it known to the profession at large. Many chiropractors became frightened and wanted to throw Dr. Palmer over because they did not understand it and thought that it would ruin their practices. Like those who still claimed that the earth was flat many years after it was proven round, they still claimed that it was possible to have interference to transmission of energy between brain and body inferior to the occipito-atlanto-axial area. Dr. Palmer, with the electroencephaloneuromentimpograph, has removed the very last shred of evidence that these dissenters had on which to base their contentions. For anyone to reiterate these contentions is to make himself as ludicrous in the eyes of the informed as the chap who made the front page by contending the earth was flat.

Whether the profession as a whole accepts specific Chiropractic, I am sure will make not a particle of difference to Dr. Palmer's work. He will keep on keeping on. Those who continue to resist it are punishing *only themselves*. Of course it is, I am sure, a great source of satisfaction to Dr. Palmer to know that *every day* more and more chiropractors are turning to scientific Chiropractic. Aside from that, Dr. Palmer will not be influenced by anyone or anything. Money couldn't influence him before when he stayed on in the interests of his baby, Chiropractic. It has in-

finitely less chance now. Well-wishers couldn't influence him before, so why should they be able to in the future? *It is my opinion that he must realize that he is a man of destiny for he is governed by one thing and one thing only, and that is the record.*

*History and not we chiropractors will judge him and his contribution to Humanity. Make no mistake about that. But as the record stands now, the answer to the question, "What does B.J. know about Chiropractic?" is "THERE IS NOTHING NOW KNOWN ABOUT CHIROPRACTIC THAT B.J. DOESN'T KNOW."*

## CHAPTER 23

# The Story Of WITH PRIVILEGES COME RESPONSIBILITIES

A Review of Chiropractic Growth

By C. C. Harrod, D.C.

It makes little difference in the over-all scheme of things which we believe, that man emerged from the paleozoic slime or was created in God's image as related in the Old Testament, the fact remains that at each successive stage in his development, new mental hazards have faced him in his upward climb, directly proportional to his "improved" civilization. Certainly the Neanderthal human led a life of sweet simplicity — his greatest mental task was preparing himself psychologically for the postponement of a meal when his quarry eluded his well-aimed stone or up-raised club. Later civilizations brought additional creature comforts — food was found to be more savory if cooked and salted, crude clothing protected the body from tropic heat and wintry blasts, but each gain was accompanied by an increasing demand for more mental agility.

As "progress" was made it soon became more and more evident that "thinking" was distasteful to the majority — a few became leaders not because of superior strength, nor necessarily as a result of superior mentality, but due to their willingness to think — not alone of food and shelter for tomorrow — but of easier ways to live and to become less vulnerable to the elements and attacks of wild beasts. To these natural leaders came prestige — they became the ruling class and only when a rival thinker emerged from the mob was their leadership challenged. The mass mind was willing to be directed by this super-cave man because it was so much simpler to eat and sleep and doze in blissful ignorance than to worry about all these foolish things which went on in the minds of the leaders.

## CHALLENGING THE FUTURE

As centuries passed the process has been repeated and the same fundamental laws have continued to operate — the ruled

continued to be ruled and the rulers kept challenging the future — trying to make it prove its promises. Some rulers or leaders fell by the wayside, in the ways common to man, and were replaced by better thinkers, better leaders, and with each change the leaders assumed more importance in the general scheme of things. As their stature increased so did their privileges as rulers — so also did their responsibilities. Throughout history the rise and fall of civilization has been the responsibility of a few — the majority were not a factor except in mob scenes where brute force was required by rival leaders or rival civilizations or ideologies. The leaders led — followers followed. Not unlike modern doctors, these rulers often accepted praise and acclaim for “cures” for which they deserved no credit and were criticized for failures which nothing could have averted.

What, say you, and not without justification, does all this drivell add up to? Simply this: as a profession we have advanced a relatively new thought concerning the cause and correction of disease — as a group we lead a movement — a health crusade, and we, as did leaders in all recorded history, must challenge the established rulers or leaders. We must have a better idea — be brave enough to challenge the existing order of things and determined enough to carry through until we have established ourselves in the position of security to which we feel our art and philosophy entitles us.

A boresome recital of the progress we have made since 1895 is not indicated now. Most of us have either lived through some of these “growing pains” or have been regaled with hair-raising accounts of them by leaders and pseudo-leaders of our profession, ad nauseum. Suffice it to say we have come a long way, partly as a result of our leadership, partly in spite of it. Many leaders in our profession still lead and their followers still follow, but the “divine right” theory is gradually falling apart. To lead us today we demand men of sufficient knowledge, foresight, and integrity that they will readily accept the responsibilities which their privileges have thrust upon them. No longer can a man of selfish ambition simply proclaim himself our leader — he must prove his qualifications and through an orderly, democratic procedure, be elected or appointed by his constituents; and we also have the privilege of “throwing the rascals out” if they prove unworthy of our trust.



## PRESERVE PRIVILEGES

As individuals we have gained privileges. We have achieved in varying degrees the respect and admiration of our co-workers, our neighbors and our community; we are looked upon with ever-increasing favor by our law makers; we have ready access to membership in civic and social organizations; and last but not least, we have proved our right to be licensed to treat with humility, solicitude, and sincerity "the halt, the lame, and the blind." Preserve this privilege by willingly and conscientiously playing the game according to the rules. Remember, a silk hat, frock coat, and gold-headed cane may have typified the doctor in grandpa's day, but times have changed; it is vastly more important that something be *in* the doctor's head than *on* it.

Be thankful for your privileges and faithfully discharge your responsibilities.

WHEN IS A "BOASTARD" NOT A "BOASTARD" —  
OR COULD HE BE A SON OF THE BEACH?

Many years ago, a little dumpy sort of man who had followed many devious paths of employment, from fish monger to "magnetic healer", stumbled upon what he thought was an original discovery — how original it was I leave up to the judgment of my readers; at least it was new to him and he proceeded to capitalize upon it to the best of his ability. He gathered around him a number of disciples who were not altogether uninfluenced by the financial potential of a new healing cult. As had many other so-called "discoveries," this one too might have wound up in oblivion as indeed rumor states it once did (Greek mythology) had it not been for the spark of genius of this man's son — a man of many parts, it seems, having a fairly normal anatomy except for an overwhelming spleen and a colossal ego. This son was possessed of an insatiable desire to impart to the world, for a small but important consideration, the science, philosophy, and art of his father's discovery. How well he succeeded is a matter of history, but to refresh your memory slightly I would point out that claim is made by some that at least two-thirds of the known followers of this cult or approximately twenty thousand souls passed through the portals on Brady Street to sit at the feet of the master.

How did this modern miracle occur? Was it due to the co-operation of the other healing professions, the legislators or the wild and unceasing clamor and convulsions of suffering humanity to throw off the yoke of medical autocracy? Was it through the omnipotent intercession of God, singling out this hirsute (hairy, to you) individual as his twentieth century Messiah (as some appear to believe)? No, little children, it was none of these things and yet it was a miracle—a modern miracle—as new as tomorrow and as old as time. A miracle which has made America great—has enabled her people to have more of the best of everything that life holds—has produced more radios, more automobiles, more refrigerators, yes, and more alkaseltzer tablets than all the rest of the world put together. Mass production? No! Manufacturing genius? No! Purchasing power? No! All of these and thousands of other factors would have had no effect whatsoever had it not been for one simple word—*advertising*.

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### ADVERTISING—A POWERFUL TOOL

The Bearded One of Brady Street made the acquaintance of one Elbert Hubbard who had done a phenomenal job of making something out of nothing in his novelty and leather goods business in the east and had proceeded to tell the world about it; he probably furnished the spark which later shone so brightly atop Brady Hill and still later sounded its clarion call to all the world from the "State where the tall corn grows." "Come to the fountain head—be a doctor." "It won't take you long." "Be a success." "Get on the band wagon." Was all of this done by "hiding his light under a bushel", by aping the medical fraternity, by meekly being a joiner to bolster a sagging practice or filling empty classrooms? *It was not!* This man quickly realized that medicine had a five thousand year head start—had prestige—had public confidence—had publicity—had endowed hospitals—had state-supported schools—had *everything* except *his* guts (or do you like intestinal fortitude better?). Being no Charley McCarthy or Mortimer Snerd, he caught on quickly; he saw through the thin veil which many cannot see through today; he saw that what he needed was *advertising, advertising, and more advertising*. Whether you are big enough to admit it or not, he and his advertising and ballyhoo are the principal reasons why

you and I are in practice today. It makes no difference where you went to school, they all had their origin from this small but fanatical band of disciples on Brady Hill.

This man saw, as many myopic followers of *his* followers cannot see today, that if all Chiropractors spent ten times their total combined annual incomes for a public relations program, it would not make a respectable pimple on the gluteus maximus of medical publicity. He was quick to realize that to gain the fickle support of an apathetic public he had to do more than print his card in a professional directory in a weekly newspaper or join the local Kiwanis Club. He knew, because Elbert Hubbard had proved to him, that "advertising is the education of the public as to who you are, where you are, and what you have to offer in the way of skill, talent, or commodity. The only one who should not advertise is the man who has nothing to offer the world in the way of commodity or service."

Who has made Chiropractic what it is today? Is it the group of men who, through some misguided belief implanted in their minds by medical fifth columnists, feel that to be accepted in the proper circles they must be as ethical as their neighboring M.D.? Is it the petty political boot-lickers who curry favor from "higher ups" by damning and denouncing advertising and advertisers? Is it that small but egocentric group who, through chicanery and mysticism and hocus-pocus, have been able to build a practice on mumbo-jumbo which has no standing or recognition? If it is any or all of these I shall happily say to you and all other Chiropractors that if and when you stifle advertising you and your practice will be as dead as a dodo and as forgotten as Sapolio and Fairy Soap.

In most states, including California, Chiropractors have the legal right to *truthfully* advertise — as much or as little as each individual's needs dictate. Do not sell out this right — it does not belong to you. It belongs to the heirs of Chiropractic in the future and you have no right to barter or give away that which is only yours to use and pass on to your successors. Do not be misled by false prophets; the A. M. A. is about to launch a new advertising program which will make all previous medical propaganda look like a very pale third carbon copy by comparison. Surely you do not want laws passed or arbitrary rulings estab-

lished which might prohibit *you* from advertising as you choose, while organized medicine launches ever bigger and better self-laudatory publicity campaigns.

Chiropractic was discovered, nurtured, built, and maintained by the Palmers, Vedders, Firths, Carvers, Schultzes, Kabanans, Seubolds, Stokes, Spears, Johnson Twins, Heinrich Dueringers, and a host of others who believed that if it was good it had to be advertised, and if it was advertised it had to be good.

(Journal of the California Chiropractic  
Association, August, 1950.)

## CHAPTER 24

### The Story Of

# OUR RESEARCH PROGRAM AND WHO PAYS THE BILLS

(Orientation Talk, Pre-Lyceum, 1950.)

We have always believed in frankness — clean-cutting an issue.

We have never been known to avoid or evade an issue or to pull punches merely for diplomacy or policy's sake. We have been criticized for not being diplomatic, but CHIROPRACTIC is greater than any man or set of men in its ranks and this includes you and me. We use language to reveal thot, not to conceal it.

At the NCA convention held in Washington, D. C. (1950), there were about 250 registered. It is roughly estimated there were 500 at the banquet, including wives, visitors, representatives and their wives, etc. Drs. Logan, Firth, and Parr were to be speakers, none of whom were present. Various scheduled symposiums were cancelled because there was no audience. At the banquet, various Senators and Representatives were on the speakers list, but none showed up. Finally, they spied two prominent men in the audience and hauled them up to say a few words. Karl Mundt was one of these and spoke on the subject of "Empty Chairs."

We received the following report concerning one speaker at that convention:

"He further stated that you (B.J. and PSC) were a private school INTERESTED ONLY IN MAKING MONEY and that your school was engaged only in mass production of Chiropractors ALL OF WHOM WERE UNQUALIFIED to practice Chiropractic and WERE A MENACE TO THE PROFESSION AND PRESTIGE OF CHIROPRACTIC. . ."

"He went on at length on the general idea that the Palmer graduates WERE ALL UNQUALIFIED and were therefore DOING GREAT HARM WHEREVER THEY WENT; because of their poor education and training they could not build a practice AND DID GREAT HARM TO CHIROPRACTIC."

Those of us in position to know, know such statements are untrue. There wouldn't be a Chiropractor in the world today if it weren't for B. J. Palmer. There wouldn't be another Chiropractic school in the world today is it weren't for The PSC.

65 per cent of Chiropractors graduated in 55 years are graduates of The PSC. Every Chiropractic school today is a side-track off-shoot from The PSC. 89 per cent of members of Chiropractic State Boards are PSC graduates.

Chiropractors, more especially PSC graduates, have made millions of dollars. They owe all they have to B.J. who made it possible, directly or indirectly.

Whether or not PSC graduates are "all" "unqualified"; are "a menace to the profession"; are "doing great harm wherever they went"; and "did great harm to Chiropractic", is subject to question — one man on one side and all others on the other.

As to whether or not The PSC is "interested only in making money", let us get some truthful revealing financial facts:

Here is a resume of gain or loss in The B. J. Palmer Chiropractic Clinic for twelve months — July, 1949, thru June, 1950:

Gross income, June, 1950	\$8,307.25	
Salaries	6,729.72	
Loss	1,528.46	
Gross income, May, 1950	6,543.25	
Salaries	6,628.80	
Loss	2,504.54	
Gross income, April, 1950	5,266.50	
Salaries	6,632.31	
Loss	3,611.03	
Gross income, March, 1950	4,963.47	
Salaries	6,155.46	Total loss in conducting The B. J. Palmer Chiropractic Clinic during this 12-month period is \$38,495.87, with a gain of \$1,212.53 in only one month out of twelve.
Loss	3,991.53	
Gross income, February, 1950	5,857.00	
Salaries	6,115.10	
Loss	3,727.37	
Gross income, January, 1950	5,857.00	
Salaries	6,115.10	
Loss	2,753.37	
Gross income, December, 1949	4,446.25	
Salaries	7,277.68	
Loss	7,146.62	
Gross income, November, 1949	8,144.50	
Salaries	7,000.96	
Loss	4,139.56	
Gross income, October, 1949	8,331.50	

Salaries	6,500.01
Loss	481.98
Gross income, September, 1949	7,704.36
Salaries	6,418.23
Loss	1,432.89
Gross income, August, 1949	10,750.25
Salaries	6,585.85
Gain	1,212.53
Gross income, July, 1949	8,009.75
Salaries	6,394.43
Loss	7,178.52

We have listed only salaries as ONE of many items of expense in conducting, maintaining, building, and constantly increasing quantity and quality of facilities in this Research Clinic. We have not included other expenses, such as advertising, ambulance service, electrical supplies, express and freight, janitor supplies, laundry, office supplies, postage, repairs and equipment, travel, depreciation, payroll tax, administration charge, building and grounds charge such as heat, light, air conditioners, etc.

Now issued (August, 1950) is a 100 page book which tells what drugs do inside a human body; the reactions of drugs on functions. The B.J.P. Chiropractic Clinic is making available this scientific evidence, taken from medical sources — a compilation that will be an atom bomb which will rock medicine to its very foundation.

It is the most astounding break-down of fallacy of drugs; an analysis medicine would not dare to check itself; ninety per cent of material taken from AMA Journal.

There are 67 galleys, an average of 150 citations per galley, or more than 10,000 actual facts on more than 600 standard authenticated drugs.

This is a compilation on a scale never before attempted — a monumental work of research which must be in the hands of every drug-saturated patient. Every statement has been carefully verified. This volume represents more than 4,000 man hours of work, equivalent to 100 weeks of 40 hours per week — almost 2 years compiling this data alone. At \$200 per month, it cost \$4800 in salary. Its publication cost \$500. And you can get a copy with our compliments. It has been said we are "interested only in making money." Getting to give has been our consistent pattern

for all our years. What other Chiropractor or Chiropractic school does such?

This book also includes special sections on post-operative effects of surgery and reactions of the body to mechano-physical therapy. Listings include sulfa, streptomycin, penicillin, anti-histamines, and other "wonder drugs."

It is the only break-down of this kind medicine has ever had, and nobody but B.J. and The B. J. Palmer Chiropractic Clinic and one other Chiropractic College — Logan — could come with clean hands and good faith and would have the courage to challenge medicine. No other school could issue such a challenge because they are more or less in the same boat and thus would be challenging themselves.

This book is another one of the fascinating research studies conducted, in which B.J., The PSC, and The BJP Clinic pay the bills — thousands of dollars — and make it available free to our profession. This vast program of research and publications is being conducted as a service to our profession. The number and scope of studies is limited only by number of cases referred to this Research Clinic by field practitioners. One patient a year from each practitioner is needed. REMEMBER, THE BJP C.C. IS THE WORLD'S GREATEST CHIROPRACTIC RESEARCH CENTER. Help us help you help sick get well.

B.J., his Private Research Clinic, and The PSC have been and are paying all salaries and printing bills for ICA research for several years, since their inauguration. B.J. and his Clinic are buying and paying for IBM equipment used in tabulating data. They are paying salaries of each person breaking down research analyses. This overhead printing cost alone was \$7909 from June 30, 1949, to July 31, 1950.

For twenty-seven years, as old-timers well know, we personally wrote every word in and published WEEKLY the Fountain Head News. This was a militant publication. It presented developments of Chiropractic, protected and defended Chiropractic against any and all traducers. It cost \$800 per month to publish and mail FHN. Do you realize this was \$9,600 per year? In twenty-seven years, this represented a contribution to our profession of \$259,200. Does this look like we were interested ONLY in making money?

Is memory so short or are viciousness and misrepresentation



deliberate? Isn't it time you were knowing the truth and defending these issues maliciously told against one who has aimed to be a humanitarian and benefactor of our profession?

There are other interesting financial reports which could be issued, which would more clearly reveal WHO is getting the lion's slice of PSC payroll. It would be enlightening if you knew who this person is and how he came into this income without having earned it.

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Another example:

Annual reports of PSC Public Clinics covering September, 1946, to September, 1949, show:

	9/1/46 to 9/1/47	9/1/47 to 9/1/48	9/1/48 to 9/1/49
Number of patients	33,199	29,012	16,551
No. of majors selected from spinograph	17,840	16,010	9,635
No. of majors selected from palpation	15,529	13,055	6,916
No. of times atlas adjusted as major	7,693	6,776	4,977
No. of times axis adjusted as major	3,243	1,688	691
No. of times 3rd cervical adjusted as major	28	7	4
No. of times other mis- alignments adjusted as major	49	7	8
Total number of visits	157,284	138,657	81,825
Total number of adjust- ments given	11,013	8,497	5,680
No. of patients reported well	12,538	14,020	8,731
No. of patients reported improved	11,093	8,903	13,402
No. of patients reported no improvement	2,977	2,665	1,321
Total charges	\$1,358,108.50	\$1,179,907.75	\$567,243.00
Total credits	\$1,355,429.50	\$1,175,162.25	\$514,237.00

If those persons who think The PSC is a money-grabbing institution wanted to know truth, whole truth, nothing but truth, they would know that while this institution DOES make money, it puts it all back into instruction, research, publications, salaries, and other interests vital to the Chiropractic profession, except those who have been sidetracked against our will and without our consent or knowledge.

Obviously, The PSC must be making money or it couldn't have it to spend nor could it absorb losses in certain departments or carry on its developing of new buildings, etc. What concerns you and us more than any factor is: What use is being made of money you bring, send, or mail us for our various services?

Everything we have ever made has gone back into better buildings, better faculty, better instruction, better research, better publications, better food at less money, etc. What we have taken in from the profession has gone back TO the profession in a greater Chiropractic. THAT IS WHAT MAKES THE PSC THE CHIROPRACTIC FOUNTAIN HEAD, HAS MADE THE PSC AN ALL-OUT ALL-CHIROPRACTIC INSTITUTION, MAKES IT *THE* INSTITUTION YOU HAVE BEEN AND ARE AND ALWAYS WILL BE PROUD OF.

The PSC is a constructive Chiropractic institution. It is compelled, however, too often in too many ways to waste valuable time and money fighting various one-man wrecking crews such as quoted, which deplore constructive work.

SO MANY MEN, SO MANY MINDS, SO MANY OPINIONS.

Previous to 1935, many theories, many techniques; each right, all others wrong; some bad, some fair, some good, some better.

Somewhere, weaving in and between all this mass and mess, there was a correct principle and practice. What was it? Where was it? Who had it?

This was the great puzzle. Each man knew. Each had IT. Each would write us, imploring, begging, trying to induce us to try, look into, investigate this gadget, instrument, technique, etc. Was he right or wrong? Who knew?

In 1935, we here decided to PROVE OR DISPROVE any and all theories or techniques, including our own. We built The B. J. Palmer Chiropractic Clinic. We built two complete divisions:

medical, medical equipment, medical men, everything but a diagnosis; Chiropractic, Chiropractic equipment, Chiropractors, everything complete.

In each we had as fine equipment as any clinic — much more so than any other, even to building new equipment we needed to more than establish facts.

We laid down two fundamentals:

1. To establish our facts and proof by exclusion, rather than inclusion.
2. To establish our facts and proof by eliminating variables and establishing constants.

All other theories and techniques were based on variables and multiple inclusions, hence established nothing and proved nothing.

Example: Suppose we sent forth to our profession, as is, a questionnaire on poliomyelitis, asking how many cases they had, how many got well, how many were improved, how many were failures.

Suppose NCA got back fifteen reports, as they did recently. What are they worth? Practically nothing. Why? Because out of only fifteen, we doubt that any two were using same method, same technique, same treatments, adjusting same places, in same way, on same analyses, etc. Each used different this or that, hence no conclusions could be the same. What value, then, is any conclusion based on different adjustments, different places; different treatments, different ways? What scientific research value have such heterogeneous reports?

Suppose five case reports showed five cases of polio got well. Suppose one was an allopath, another homeopath, third was eclectic, fourth osteopath, and fifth was a Chiropractor, each using methods characteristic of his education. What value would these different reports have in establishing a solution to the problem? Any and all reports received from general field of our profession, including endless and multitudinous variables, have exactly as much or as little value because of various variables in use by many practitioners. Only under ONE DEFINITE system wherein variables are eliminated and constants established, wherein process of exclusion rather than inclusion was used, can any reliable system of facts be ascertained, right or wrong, good

or bad, failure or successful, in reducing percentage of failures and increasing percentage of successes—for only by these methods can we offer proof that works.

The ICA Field Research Data which they have issued for four years, which is a compendium of 8873 case reports received from a group of 292 Chiropractors from 44 states, using any and all varied and devious Chiropractic methods, to us is not worth paper it is printed on. True, we received reports on 54 types of diseases, broke them into figures, drew up drawings, etc., but on what do reports depend? Anything and everything that has run gauntlet from privy practice, penicillin injections, infra-red rays, vitamin pills by carload, hypodermics, solid skull adjustments, cleaning out between toe joints, baths inside and outside, and what-have-you that can be bought and foisted on the poor unsuspecting sick for a fee gouged out of them in innocence. All claim and book purports to give credit to "chiropractic" whatever that is. None of it proves whether one adjustment, given at one place, once, in one way, did or did not turn sickness to health; neither does it prove where back door irrigation, belly rubbing, or adjustments did what the book is supposed to represent it does.

In 1935, we laid down law of exclusion of any and all other methods but the specific, adjusting only atlas or axis, based on an NCM analysis as to presence or absence of interference; based on spinographic listing, etc.

In our thousands of cases, nothing else was ever done on any case to get them well. Thus, by process of exclusion, eliminating any and all variables, based on the specific, we were able to prove or disprove what IT alone could or would do in getting sick people well by application of the Chiropractic practice.

For fifteen years we have been piling up case records. Hundreds of thousands of NCM pre- and post-checks; hundreds of thousands—literally tons—of spinographs, pre and post; timpograph checks for proving or disproving whether what we were doing, the way we were doing it, and when we did it, was right or wrong; whether it did or did not get sick people well of worse conditions quicker than before.

In 1949, we began to break down an analysis of these reports. To date we have issued three publications—urological, hemato-

logical, and basal metabolic changes. One by one we are breaking down each and every phase of study of our research work on cases. We will be another several years completing our studies as we have them outlined.

Vast majority of your cases, as well as ours, are chronic. If we could get acute cases in all instances, our percentages would be much higher.

You don't get chronic cases until M.D.'s have given them up. We don't get your cases until you give them up. They become "problem" cases to you and to us.

When it is remembered our research is based on your failure cases, you realize greater importance to be placed on our research figures.

If you have kept tab, you will note the M.D. usually bases his research statistics on ten to fifteen cases. One recent Chiropractic research report in a certain Chiropractic publication was based on fifteen cases from different Chiropractors all using different methods and techniques, which makes report valueless as to HOW to duplicate results mentioned.

You will further note that cases coming to The B. J. Palmer Chiropractic Clinic are a cross-section of countries, states, nationalities, male and female; young, middle aged, and older people; all types of conditions represented in the symptomatological and pathological fields.

Again note our reports, so far, on three types, represent 1054 cases on hematological; 2006 cases on urological; and 909 cases on basal research.

These reports are exclusively based on OUR cases only, on which THE SPECIFIC was used exclusively.

It is possible that Grostic, Truscott, Shears, Spears with his one solid skull bone treatment and his irritation treatment, De-Jarnette and his traveling circus of attic antiques of old and ancient discarded moves; microdynameter, neuropyrometer, and various other imitations of the Neurocalometer, MIGHT have greater percentage of results than anything we have presented. Fact remains THEY HAVEN'T PRESENTED PROOF OR STATISTICS TO VERIFY THEIR OPINIONS, JUDGMENT, OR CLAIMS OF SUPERIORITY OVER METHODS USED IN OUR

PRIVATE CLINIC. It is one thing to THINK and another to KNOW. Until proof overcomes claims, we shall contend what we have, use, and prove establishes a far better record than any other method to date.

What do these research studies show? Other methods do get some sick people well. Other theories and techniques do get some cases well. However, the problem as far as we are concerned has always been one of percentages. The great endeavor was to eliminate failures and to increase successes. This could be done only by KNOWING what we were doing, HOW we did it, WHEN to do it, and WHY we were doing it as we were. This could be secured only by KNOWLEDGE of logic, facts, reason, and proof.

If every Chiropractor would send us one case per year, to this research clinic, think of the tremendous impact and possibilities in establishing many more thousands of statistics of our work. More cases, with same overhead, would reduce loss and make it possible for us to establish our reports quicker because we would have the wherewithal to do so. At same time, it would be rendering a great service to multitudes that do not now get that service.

Today, regardless of ideas, theories, techniques you use or think are better, WE ARE SECURING GREATER RESULTS IN WORSE CASES IN A LARGER PERCENTAGE OF CASES WITH SPECIFIC WORK than any other used by any in our profession or in our 55 years. Books, facts, and figures prove that. There is no medical or Chiropractic clinic in the world which is equaling our percentages. Books, themselves, prove that also.

In spite of 55 years of study in developing the principle and its application in practice;

- in spite of our research into techniques and instruments of varied kinds;
- in spite of surrounding ourselves with finest in science to determine rights and wrongs of various methods;
- in spite of building new equipment to prove or disprove this and that advocated by many as better than anything heretofore known;
- in spite of our constant endeavor to step down our percentage of failures and step up our percentage of successes;

- in spite of our struggle to take worse cases and get them well quicker at less cost to patient;
- in spite of our pursuit to reduce this issue to see how little we could do to see how much result we could get;
- in spite of all this — many men in this and other schools now getting their first glimpse of our work; many just entering the field; some growing their first mustache; others who denied the NCM and spinograph when they first came out, who now build and sell something “just as good” for less money, now proclaim it the ideal method of ascertaining today what they denied a few years back.

In spite of all this, every once in a while somebody bobs up with a new world-beater, better yet than anything before — all of which may be true — all of which we research and prove whether it is or is not.

In spite of all this, it usually comes to pass that what is believed is a matter of faith, hope, and confidence with no proof to substantiate any of it; usually it is based on some unknown quantity which they think will work wonders at night while you sleep — like Cascarets.

In spite of all this, nothing we say or do, or have said or done, is of any value. They must learn by bitter experience, buying and casting away, time and again, at a tremendous cost and to the everlasting suffering of a sick people.

Belief in us and our work is the last thing they think, see, or do. Why?

The original quotation in this talk reminds us of a time when Central Broadcasting Company (Radio Station WHO, Des Moines, Iowa) decided to buy a certain large tract of land for its studio buildings. A certain neighbor raised objections and tied up completion of the transaction for several months. In a round-about subtle manner, he let it be known that for \$1,000 to him in cash paid, he would remove his objections. We have never, in 55 years, bought or sold our convictions in any issue which we were entitled to by right of merit. Our name or interests have never been for sale, nor have we ever lent our name to bribery or blackmail. We tried that issue in the courts on its merits. We won the case. It cost us \$15,000 to win what we could have bought for \$1,000. Some men place principle above money —

at least that has been OUR method of doing business, believe it or not.

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The story of Tom Morris, National Counsel of the UCA, is appropriate here.

Some time back, the Board of Control of UCA, having power to do so, decided to hold semi-annual meetings at places and times picked by themselves.

They set January 15th for the date; the place, Chicago. They met two days, adjourned to Milwaukee for three days, adjourned to New York where they met four days, then adjourned to Washington, D. C. for two days, then back to Chicago for four days more. Total expense of this trip, including five members of the Board, five wives, Attorney Fred Hartwell, and ourself, was more than \$4,000. It was one continuous drunken spree. Practically no business was conducted anywhere, any time. They met from place to place, and immediately adjourned.

Fred and we rebelled. We came home determined to change the By-Laws and Constitution so the Secretary alone could call meetings when and where. This was done in August, at our annual convention. The Board rebelled against our so-called high-handed methods. We reasoned that members' money was paid for defense, not for drunken sprees.

Later, the Board met with Tom. Each one took his turn at berating us and our overriding them. After four hours of listening, Tom went to the bed, lay down, closed his eyes. They then berated him for not listening. Tom told them to "go on," he "was listening."

Finally, when everybody had his say, and all of it, they asked Tom what he thot. He said: "When that time comes that I can show that I have done what and as much as B.J. has, then I will be competent to criticize him and his methods."

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The work you will be taught during Pre-Lyceum is that around which this research and its highest percentages of results have been attained.

GET THE BEST—FORGET THE REST—STUDY, GET,  
AND USE THE SPECIFIC!



CHAPTER 25

The Story Of

THE CAUSE AND CURE OF MOOTED ISSUES  
IS IN THE INDIVIDUAL

A problem is a state of conditions — physical or mental, human or animal, vegetable or mineral — for which past has offered no practical and enduring solution, for which a solution exists, which present may possess but only future will prove.

Problems may be vital or non-vital. They should be known at once so that conditions which are destructive may be changed to constructive.

All things created had a method. That method can and will repeat itself without our knowledge; but when our present method of artificial life throws that form out of kilter, and thereby destroys continuity of purpose and integrity, it is time man studied himself that he might correct that which is wrong, permitting body to so contain its properties that construction would be its inevitable outcome.

That which is has a solution upon lines of analysis of construction. Truth is rarely reached by synthesis.

When a solution has been reached, regardless of subject, it is perpetual and unchanging, as fixed as stars, law, or mathematics.

As our sphere of action is mostly physical (assuming generally accepted rule of action that that which is spiritual belongs exclusively to minister), we shall try to contain ourselves to that study, thus not purposely offending esthetic tastes unless such becomes necessary to maintain facts. If so, we shall give them without fear or hesitation.

VITAL problems of educated man are twelve:

- |                  |                  |
|------------------|------------------|
| 1. Sickness      | 7. Criminal      |
| 2. Insanity      | 8. Drink or Drug |
| 3. Deaf and Dumb | 9. Reproduction  |
| 4. Blindness     | 10. Religious    |
| 5. Orphans       | 11. Legal        |
| 6. Social Evil   | 12. Financial.   |

The first is *only* problem — it involving all others. We classify them respectively only because general teachings have preceded us in theoretically and arbitrarily regarding them separately, dealing with and subjecting them to treatment or punishment as such.

### 1. SICKNESS PROBLEM.

Sickness is on increase. It has ever been thus from beginning of time. It is greater in ratio than is multiplication of our race. There is more sickness today, per 1,000 people, world over, than there was 2,000 years ago when population was less.

Sickness is unsolved world over, our country and people not excepted. Diseases of thousands of years ago are with us today; new diseases of this day are but new names for old conditions which have ever been present — they not having been eradicated by older or present day methods. Man is man, man is as he was, he presents no changes thruout educational history. His mode of adaptation changes to meet his inventions. His body is repeating, in functional form, same today as of former years. Functionally and pathologically he contains same compositions of conditions now he always has.

Appendicitis is a new term for old-fashioned belly-ache; where before they gave medicine internally, then rubbed it in, now they remove appendix — but condition of inflammation in appendix is same. There may be "progress" in medicine and surgery but man has remained fixed quantity for observation and study.

Less is being accomplished for all diseases now than before. With boasted advance in medicine, progress in surgery of each century from time of "Father of Medicine" to present hour with serums and vaccines, people continue to get and "catch", in some yet unknown manner, diseases of this age common to ages of those days. Name of disease matters little, it begs condition, and for improvement; vital question is, what is this age doing to prevent disease? We find babies born with same, people of all ages "catching" and dying with same, no change being registered on scale of human possibilities.

Look world over, show us person who is well and you find rarest jewel within human understanding. So few are well and so many are sick we can proclaim all peoples have lived within a sick and encumbered world. Same is true within this age and

our people. Some are more sick than others; some grunt, others growl; some are about, others laid up in hospitals; some "have an operation", others groan their way thru life without; some hobble; others crutch; some have head-ache, others are insane — but all are sick within bounds.

Sickness at one time had a limited application, only those were, who presented a positive observable pathology such as superficial cancer. Hobbling, without an apparent pathology, was of devil. Functional diseases (now, so classed) were then of devil, bewitched, etc. Insanity was a common demoniac possession and insane were tortured. Superstitions explained many conditions we today classify as disease. Insane were once criminals of low and base maliciousness and were dealt with as such. Today many are classifying criminal as mentally incompetent, therefore insane. Formerly prostitutes were money-grabbers, selling bodies and souls for a price, bartering as tradesmen their charms; today such are regarded as perverted functions to be dealt with kindly and correctly — they are sick.

To an endless chain might we show former and present trend of general opinions on this question, and progress lies in establishment of this hypothesis — present list of problems are solutions of sick conditions.

Go thru history, list diseases known then, we have them now. Take any example and as it was then, in degree, so is it now. Syphilis was known in time of Pyramids; we have it yet. It was severe then, it is now. They treated it then, they do so now. Same is true of fevers, secretory and excretory diseases, mental troubles. Problems of this hour were then and have not changed in degree, character, prevalency or percentage.

Nothing exists, up till today, that has successfully made health a PERMANENT possibility. True, every hour another theory has had birth, run gauntlet of its friends, been stubbornly defended until overwhelming force of distrust forced it to give way to other theories and ideas. We point to but one materia medica idea (we have investigated question broadly) that stood test of more than 200 years — Jenner's vaccination, and that has been questionable a long time.

In this hypothesis we do not question findings of laboratory. About those there will be dispute (here and now) but we do not

know of a method, compilation, theory, prescription, composition, application, salve or what-not that was given to or applied by man for man, man for beast, that was continually used and blessed by people for more than two centuries in history of medicine. For even 100 years, a certain portion of mankind — which is ever increasing — has been condemning Jenner's vaccinia with no uncertain terms. We could challenge dispute of above statement and be certain of result.

Reason for this monstrous state of affairs is simple — man recognized disease, its symptoms or pathology, organic or functional, objective or subjective, so long as they were INSIDE of outer shell (skin) of man. They could look and see; listen and hear; smell and scent; handle and feel; auscultate and sound to minutest quantities and qualities all because it was a materiality over which none dispute or question.

A further reason for this monumental frame of affairs is also simple — man looked for CAUSE of inside condition on OUTSIDE of man affected. It was in what he sensed, drank, ate, breathed; what he wore or didn't wear; what he did or didn't do; in fact so long as IT was outside and effect was INSIDE, then OUTSIDE, in some way not explained or understood or ever taught, changed inside from what it was to what it is now.

Further reason for this gigantic inconsistency is more simple — EFFECT being INSIDE, cause being OUTSIDE, cure could be no different than cause. If something OUTSIDE caused disease INSIDE, THEN THAT WHICH WOULD CHANGE INSIDE MUST BE OUTSIDE. As a result, we find prescriptions compiled by hundreds of thousands, tried today and dismissed tomorrow; patent medicines bottled and sold by millions have their run and another takes its place; operations come and go in fads and fancies much as styles have seasons; instruments, orthopedical and otherwise, have been manufactured, changed and improved, getting new impetus when anesthetics and Lord Lister came to front.

Of late there is a new twinge upon old methods when we have ceased to use that which goes inside as medicines and knives but apply something outside with hopes that it changes inside, such as bath, massage, heat application and electrical or thermal stimulation, etc. In fact, when system of inside-effect for outside-

cause or outside-treatment for inside-disease started no one has recorded, but system with its theory is still with us in all glory accomplishing no more today under modern usages than in older days with relegated methods.

Man universally recognized diseases INSIDE man; cure was same. That's why problems exist today as they have always.

Diseases have multiplied, changed names for same thing many times; "cures" have kept pace until great question today is best settled by him who can stumble a guess on what NOT TO DO rather than by him who can best tell WHAT TO do. Discarding is key-note of success in medicine, not acceptance. Human mind has reached common-sense viewpoint where he doubts every new theory, application, drug or operation invented, all based upon failures of history including present day.

This condition has made human mind skeptical and doubtful of everything even that which may be rational, practical, reasonable and plausible, so that should a permanent solution of facts be forthcoming its sledding will be harder than if it started without burden of centuries to overcome.

### CHIROPRACTIC SOLUTION OF SICKNESS

If race is to improve, become better, be of greater service in future than past, see a better unit thereby a greater humanity, disease must decrease.

That which holds us down is sickness, that which makes lame halt, sight blind, hearing deaf, limber muscle stiff, which causes 45 per cent of accidents, is inability to adapt themselves to things called upon to do. What, with short breath, rapid heart action, frequent urination, constipated bowels, head-aches — who under such conditions is a fit man to labor to best advantage?

If man is to improve, if all men as a crowd are to become of higher efficiency, health must be on increase with not a few but all.

CAUSE OF ALL dis-ease is now solved. It is of known quantities. No longer must this or that be regarded as something handed down from grand-father's mare, neither regarded as caused by something which even microscopic eye cannot see. No longer can we blame a germ or fly which cannot be killed. This is true of every dis-ease regardless of antiquity, character,

degree, size or depth; country in which it was found then or now is immaterial; race, color, sex, altitude, temperature, etc., being no bar to application of this solution which has proved itself on millions of test cases within our years since 1895. All have been adjusted by its followers in foreign countries as well as in U. S.

Greatest bar to application of finding germ, tracing heredity, examining sputum, faeces, urine, etc., etc., has been tremendous cost to establish each new theory. After its establishment, expense of maintenance is enormous even to extent of forcing them upon people by legislation at public expense.

This solution of sickness will do away with all this; it can be applied without expensive equipment; in fact, at practically no outlay comparing medical solution (?) with our latest and modern way.

It is not necessary to compile materials from bowels of earth, ingredients from air, elements from sea, chemicals from springs, baths at far distance; on reverse, that which solves is that which patient possesses within at no cost even tho demanded in unlimited quantities; it was given him at birth, he continues to get thruout his living duration at no cost whatever. It need not be bought, (because it cannot) it is his gratis. It is ever present in him who is sick so long as he lives.

More is accomplished today, under present solution, because all dis-ease is disappearing under its use. That which was chronic in point of age and degree — is retracing back to incipency. That which is acute — being of recent birth and not advanced in severity — returns health in a rapid period of time. And that which is just started will be stopped before it progresses far enough to receive name as to its condition. Reparation for chronic, conservation for acute, prophylaxis for him who might be. Every person possesses those possibilities; proof being in use thereof.

We are, today and now, regarding as health that which was never before so regarded. That upon which we now depend has heretofore been either denied or ignored and, if considered at all, left to witches, sorcerers, cultists, dubious and doubtful of those who prefer to dabble in unknown, mystical and abstract.

Dis-ease, we are told, is in man. Cause, we are told, is outside; treatment comes from outside hence cure is not *in* man but from that which we give him from outside.

Dis-ease is in man; cause which is outside (?) is a community treatment; cure is a community one.

To signalize this study by division until we reached a man and all considerations were unital would be folly. Does not community tax community to build hospitals, penitentiaries, homes for this and that; and cure (apparently) could not be if community had not built institutions, paid best doctors big salaries and done things which only combined interests could do.

Society does little in behalf of society as society propaganda but, just that soon that a unit begins something for a unit and many units begin to do much for units, then and not until do we find a change occurring in body mass for better. It is impossible for a Chiropractor to adjust a patient and improve his produce; it is also equally possible for many Chiropractors to adjust many patients; it would also be possible for Chiropractors to band themselves into a society and discuss ways and means (as a society) whereby they could improve and help mankind; but at no time has such banding together ever lost proper relationship of man to man, unit for unit. It is upon this hypothesis society only can continue to exist for as soon as that unit life health plan fails to be practical that moment does entire structure fall.

Greatest trouble with majority of organizations banded together to help society is that, as a band, they lost unit life extension plan idea, became one of an unwieldy mass working in behalf of another and differing unwieldy mass, hence fail to get that which they try to do. It is difference between "one man" who is powerful enough to proceed to do or placing same power in a committee of fifteen. So many men, so many minds and so many opinions. Committee is only wieldy insofar as its Chairman acts in such capacity and finally gets Committee to see *one* viewpoint and then its execution becomes complexed.

An automobile factory is a success only so far as it has its executive president, its executive officers, its foremen, its laborers; each to his department and none other; each to his piece-work and no other. Each bit of labor, be it clerical or physical, has a valuation on unit it produces and issues. If a factory were to be run as societies aim to improve society, where unit is lost sight of, automobile would be a jumbled mass of machinery that could not run successfully.

Majority of societies, associations, organizations and what-not formed for purpose of improving mankind are going at their work reversed all because no one man comprehends his sphere of activities on unital plan idea. Just so soon as some man does grasp this import, then those who do not hurl anathemas at him, jealousy springs around and surrounds him, his ambitions are thwarted, his activities are limited and he is cowed down to multiple view of that society and he either kicks the traces or gets within harness like a subdued unit.

What we need more than any other is big men who can stand out as units worth unital labor. When found it is usually in some obscure corner plying activities, making pressure felt on all sides of their plot of sphere and what they accomplished becomes known and accepted after they are dead. What he might have accomplished in a large form is little known.

We do not discredit big institutions.

They are necessary in big worlds, but solution of man is *in* man, not in many men or things many men can do or have done.

Dis-ease is in man; cause of dis-ease is within him; then it is UNITAL with UNIT cause *within* him requiring UNITAL adjustment and thereby one man can and does cure himself to exclusion of other persons.

No longer do we look *outside* for *community* causes, combined treatments; co-operative cure systems.

View of future is unit within himself; from health to sickness and back to health.

Only under pressure of public opinion do we advance scientifically. Stable scientific growth comes from least expected; paradox is at work telling us that scientist does least scientific work. He sits back and when public pressure is great enough, he accepts and condescends to concede. That which moves him came from without his ranks; from layman.

A rare portion of man has now progressed to that stage of individuality where he looks for dis-ease inside, as such it is. He admits a fact never in dispute. He had looked for CAUSE of dis-ease on INSIDE of unit. He further expects and reasons that cure which will make him well must follow correction of cause which is WITHIN. Man wishing success no longer looks up to



man who has failed, neither does a layman respect four years of useless education to get him worse because of some far-fetched mixture — it comes from Innate direct to and thru man.

In past all was effect, now effect is effect. In present all is cause, its location, character and adjustment.

Solution of sickness problem reverses all previous theories, systems based thereupon and methods of correction.

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## 2. INSANE PROBLEM.

Under broad title, "dis-ease," could be included every infirmity, disability or what-not of human body not considered as normal by person carrying same or observed by a second party. For reasons unknown, history informs us that broad classification known as "insanity," (where it is said "the mind" becomes affected) was not placed within this classification.

Without desiring to bore reader, yet to make this subject true to its text, we shall take, step by step, some of cursory changes that have been made during historical times upon previous suggestion.

"Demoniac possession" has now changed to "insanity." It had its primitive inscription to evil spirits. Christian Church finally accepted "primitive" theory. Both learned to devise methods of punishing in-dwelling demon. This was followed by exorcism — whipping and torture. Books were written and endorsed by clergy to make vivid to common mind idea of diabolic activity. Even what was called Reformed Church did same.

Dividing progression into periods of time, above represented evil spirits and torture. But, second period began more of a healthful scepticism regarding such. Rivalry started between Catholics and Protestants in casting out devils, out of which grew an increased belief in witchcraft during period of Reformation. Only difference between "demoniac possession" and "witch craft" was that in one evil spirit took possession alone and unaided, latter was sent to first person by power exerted over him by second person. This rivalry had good effect of getting both sides offering theories as to modes of diabolic entrance into those possessed.

It was not much of a step from hypothesis of diabolism to hysteria, as we view question today. Then it was an innovation covered with blood-shed. Cases of those possessed were brought within scope of medical research.

At subsequent period, there was attempt at revival of diabolic influence in France. Noted examples of New Salem persecutions in New England were in line with this thot. In latter half of present century there was a seeming triumph of modern medical idea over superstitious theories of ages past. But it remained for last 20 years of that century to eventually solve problem upon a basis complete and true to all facts, contradicting none that were right and accepting all that were.

At present time, many forms of physical disabilities are being classified as insanity; many conditions formerly called idiosyncracies are tallied and systematized under this head. We have gone so far as to say that all genii are insane. Insanity has been variously defined but much which was formerly called demoniac possession or criminal tendencies are now insane diversions.

Insanity is being extensively used as a legal dodge to show lack of responsibility in cases of "criminal acts." Paranoia, etc., being variously and usually poorly defined, makes a good ground for legal expert witness differences, hence shadow of doubt arises and frequently insane man escapes punishment of "irresponsible" functions. It is also used by evil designing relatives to capture control of property, chattel or real, to end of declaring parents, etc., as incompetent to manage judiciously, hence have themselves appointed as guardians and trustees of fortunes, etc. Frequently relatives hatch peculiar individualities, magnify them, and thus prove to a Commissioner that such a person is insane, which proves that public mind is accepting, as insanity, that which before could not have trot into alignment with that theory.

More asylums are being built in ratio to increase of population to house demented people. This is done to protect insane against themselves and to protect balance of outside public against them.

Nothing more is being accomplished, today, to alleviate, subdue, cure or reduce insanity's increase in child or adult than of former generations. Percentage of "incurables" is growing at an appalling rate. As much as it has been studied, with millions of dollars

investment, millions of minds working upon problem, it is in worse shape today than ever before.

While, in this age, we regard insane as sick, it is true there are those who still believe insanity is of demoniac possession and because thereof think it a wise provision of God and that His ways are righteous and must not be interfered with.

Man, and by this is meant progressive minority, is regarding brain as individual source of life, that it is seat of soul and life; that should this organ become diseased, pathological, most any peculiar, unwarranted, unnecessary action could occur in any portion of body and, as such its origin in brain, it would be a manifestation of insanity, thus "brain lesions" have come into their own as a study. Today, men are devoting study and practice to skull and brain in pathology and traumatism; specialists in that lone subject. Notwithstanding, they have accomplished nothing more than he who regarded that as playground of devil.

Man recognizes brain lesions, hence (in line with aforesaid study) he looks for a cause that must be in keeping. There being peculiar action, a certain lobe of brain must be diseased, mal-nutritioned, anaemic, "poor blood supply," cancerous or possibly a blow has depressed skull producing pressure. Granting this, he again goes OUTSIDE for CAUSE of that condition. Having studied this for ages, in new guises, and having failed to accomplish a cure, the final resort is asylum. Should they get well it will be of their self reparative processes rather than because of anything physician has done. Should they become chronically insane it will be so in spite of everything they did; thus eventual, final and ONLY cure lies in diagnosis of "raving maniac," prognosis "incurable" and treatment one of incarceration.

We see little difference between principles involved between past and present methods. Then, they believed devil had them and because thereof they should be sent to jail and punished with incarceration until devil was tortured to take his leave. This not occurring until he got well or died (latter usually) he usually remained until end of life. Now we believe him sick, treat him, try everything we know of and when all things "good" fail we again incarcerate patient in an asylum with bars, steel doors, cement floors, little furniture, common cheap food given under contract, strait-jackets, Hungarian straps and leg-irons until

his sickness gets him well or he dies (latter usually) hence he remains in this antiquated jail called "a home for incurables" until his misery is ended by death, at which time a post-mortem is held, lesion (?) observed microscopically and chemically, after which they know no more about its causative factors than before. Year after year, we repeat history except as it increases in ratio.

There is no known deduction of any art, science or philosophy; no method of treatment, operation or drug; internal or external application; no set of well defined rules of injections of serums or germs which is capable of taking acute cases and making them well, let alone taking chronic and reducing difficulties or making them useful members of society.

We stand aghast at statement that medical science, after 5,000 years of experimentation, has no corrective means of making insane sane. Problem shows they are as helpless today as at any period in history of world.

Physicians and alienists are still experimenting, mentally and physically, with and without patients, in *their* minds and those of patients to declare who is and is not sane or insane, border line not yet settled, there being no standard to whom they can refer individual conclusion; what will or will not cure; which method or system is or is not correct, etc.

We stand, today, in year 1951, feeling our helplessness, knowing we cannot let these people loose upon highways and in our public communities; yet we see their uselessness and our inability to reduce cost of maintenance and yet realize perhaps now better than ever that problem of taxation increases as a greater burden year by year with no remedy in sight and seemingly farther from it than ever.

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## · CHIROPRACTIC SOLUTION OF INSANITY

Insanity can be "diagnosed" by its functions. Let patient sit, say nothing, do nothing and observation would not reveal what patient was suffering with. Let him talk and what he says has no coherency; let him walk and his movements are incoordinated; let him smile and it is a grimace. All that which should issue normal does either to an excess or a minus. Morality, temperament, etc., may all be perverted either to hyper or hypo.

Examples — individual with normal habits for church, Sunday school, etc. Under insanity he imagines himself another Christ or devil; he may become deficient in these inclinations and become a thief or murderer and lose all sense of morality in common with other people. These features can be determined, we are taught, by study of symptoms or pathology of case, objective or subjective.

Present solution brings entire absence of necessity of paying any attention to any things formerly considered necessary. Objective and subjective symptomatology and pathology can be dismissed from consideration and yet be more certain in process than heretofore.

Reason for this is change in purpose and method. In past, diagnosis was object; now, analysis is desire. In past, method involved an acute knowledge of symptoms; now, an *exclusive* knowledge of *cause*. Problem can be solved by resolving that which made others fail; change diagnosis to analysis; effect to cause. One needed observation, other adjustment.

Where was dividing line between him who was sane or insane? This required expert tax on skill; analysis is easy and made accurate by average person properly and thoroly taught, in a very short time. Let best alienist spend many years — a life-time — and he is no more capable of telling difference between sanity and insanity than novice; let average student of spines find a vertebral subluxation in neck region and he is more thoroly capable of locating CAUSE of *all* types of insanity irrespective of character, subject; whether hyper or hypo; location or manner.

Worst layman we possess is more proficient in analyzing CAUSE of insanity than is best of those who work older system, in telling sanity from insanity and when a person was safe at large or wasn't.

Under working solution we introduce, it is possible to systematically, logically and practically arrange every idea, movement and action; define each, prove its correction from source to expression, show why of each and how it is done, then be able to do same, secure results and dismiss case with results, not prophesied, but foretold with same degree of accuracy and assurance as any mathematician could divide figures or astronomer can foretell an eclipse of sun or moon. Guesswork is obliterated,

elements of chance are removed; gambler's hope is denied — it is fact and delivery made possible. This is what solution does to make insane sane.

If this be true, changing abnormal to normal, then it is with same degree of accuracy and exactness that that which is normal can be taken step by step and show how that which was sane became insane; prove its every step in same manner. Process, to be usable, must be able to reverse itself either way on any case or all cases brot before us as test. This can now be done.

With solution, experimentation is eliminated. That which is secured is that which was said would be secured. Source is a known quantity; that which perverts is concrete; that which corrects is substantial and not flimsy; that which is restored was that which was lost. Process is so simple that more than itself would destroy result and therefore be worthless.

As all dis-ease is either functional or pathological, then post-mortem might prove a brain lesion or it might not. It is as possible to have brain-insanity from functional disorder as heart might palpitate rapidly and yet find no organic disarrangement, either with or without microscopic examination. If there was brain-insanity based upon brain-lesion then post-mortem would find locality of brain involved without dispute. No matter which exists, analytical-process-solution proves traumatic causative factor for both, which can be proven in either case.

Making aforesaid statement plain we state it with two prepositions: 1st, given brain-insanity based on FUNCTIONAL origin, it had for its primary causative factor a traumatic cause which can be proven; 2nd, given another brain-insanity based on PATHOLOGICAL formation, it would have for its cause similar traumatic cause and can be shown definitely. Therefore, solution is characteristic in either event — this encompasses field of possibilities — correction of which would obliterate both with equal success whether its manifestation be functional or pathological.

One originally solved this problem and he who subsequently taught to duplicate same looks for a traumatic mechanical cause in preference to an internal chemical one; he searches for and finds cause at a point distantly removed from location of effect instead of hunting "cause" where effect is; he adjusts this cause by contradistinction to treating effect.

One who failed believed there was a something within his prescribed drugs which, when it got within body, would do something in some way illy defined upon something not clearly understood out of which would come an educationally premeditated arbitrary concept of health. He who solved problem has learned he must liberate internal forces, give nothing to or take nothing from elements contained in body, either concrete or abstract. Rather than inject new and foreign stimulative or inhibitive compositions, his duty lay entirely in freeing old and local factors, both positive and negative, both contained within body before traumatism, during prinsonic dis-ease and after setting same free.

Solution bases its claim that patient who is insane is a unit, society is a compilation of units; that as one so the many. Having solved man, we solved humanity; having solved problem of one man we need but multiply to see all insane sane; to be able to and do restore sanity to one is but a question of doing same to all. This eventually means that as insane person in home can get well so can many in insane hospitals, and, as one hospital so can they all; nationality or country being immaterial.

When we cease to think in units and think of crowds; cease to think of one subluxation in one insane person and think in thousands of subluxations in thousands of insane, just that soon does insanity decrease, asylums depopulate and cost by taxation reduce.

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### 3. DEAF AND DUMB PROBLEM.

There are deaf but can talk; others who cannot talk but can hear. This may be due to such as paralysis of auditory nerve, hardening ear wax, inflammation of mucous membranes of tubes, etc., or such as aphasia, paralysis of vocal chords, excess or lack of contraction of muscles of throat, tumors and other swellings, etc. Any one from one location might be in combination with one of other; combinations might be multiplied and combined to endless chain and thus lose both hearing and talking.

Should such exist, singly or in combination, it would not be because of a deficiency of material prenatally, or because of like condition in parentage, but because same cause that would pro-

duce one, in one, would produce it in another in same location and condition. A might have a certain cause producing deafness; B has a cause producing lack of voice; C might have both causes and be minus hearing and speech. Causes could occur at birth, shortly after because of careless handling; at any period between birth and death; and hypothesis remain true.

"Being born such" — which is seldom true — is proof of sickness notwithstanding. At present there is no medical cure, both are incurable. We do not know of a single case of either or both which has been knowingly and intentionally made well by application, giving, prescribing or injecting of any known drug or chemical; same is likewise true of surgery. No physician or surgeon would go on record as saying he is certain a definite result could be attained by use of a compilation, state it in plain language and be willing to test it on a given case selected for him.

At present, deaf are taught to use sight, aiming to double up on work other can't. Dumb are taught to use artificial language — fingers. Neither attempts, tries to or does restore to deaf their hearing, to dumb their speech. It is an evasion, a begging of a roundabout method of treating effects.

We build a school, at public expense, in which to teach deaf to use eyes; another institution in which to teach dumb to use fingers; and thus they go thru life short of things they once had or ought to have had, that they should have at present but can't get, all because medical profession is a blank on why they are as they are, why they continue to be such as they are; and are ignorant as to why such people can't be returned to normal for present and future use. Science (?) of medicine has long ago considered it settled that he who is deaf OR dumb is a field of experiment but he who is both deaf AND dumb is a fore-gone helpless case and only place for him is a state supported institution where they teach people artificial methods of doing that which Nature is willing to restore but can't.

Mankind has settled back, seemingly content and satisfied that what medical men say is true; that when they give up no one has a right to try; what they say is impossible, is.

We, who hear and talk use those faculties to the end of earning our living, a certain portion of which must be paid to state to support medical man's inconsistencies and blunders. We did not



blunder, but we support them when others do. We are compelled, at risk of having property usurped, to build these institutions, feed teachers, clothe pupils, etc., so long as they attend. If there were an end to this, we might stand it to get that end; but blundering keeps on, ratio is increasing, our burden becomes greater — when and where is end?

Shall we continue to let these publicly taxed institutions persist in teaching blundering to blunderers to make more blunders to further tax us? Who is greatest blunderer, he who supports blunders or makes blunder and forces us to support it?

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### CHIROPRACTIC SOLUTION OF DEAFNESS AND DUMBNESS

We changed title to this solution. "Deaf and Dumb" has a certain fixed unsolvable, incurable meaning attached to it; but deafness and dumbness, to a Chiropractor, mean two separate offenses either of which can get well. Chiropractors are prone to have attached antiquities that we even here talk against.

Being deaf is a question of sickness and, by rights, is a subdivision of our first problem; being sick there is a vertebral subluxation, adjustment of which, restoration of function of which solves one-half of this problem now.

Being dumb is proof of vocal paralysis, a lack of vocality; hence has cause which should be (and can be) ascertained, exactly located, adjusted and speech returned, even tho it be a woman.

Many individuals who were born with hearing and speech at subsequent period lost either one or both. Others are apparently born without either one or both. It is not significant that because patient is born both "deaf and dumb" that malformation exists, therefore hopeless, incurable, etc.

More subluxations are produced between hour of birth and age of youthful walking than in any other period, with one exception, those produced at childbirth. Who is to say that subluxation produced at birth or shortly thereafter was not cause of this problem? Why blame it to unknown, something never understood, explained or even attempted that seems to exist in mysterious past while foetus in uterus or previous even thereto?

This solution finds cause — vertebral subluxation — regardless whether produced previous to, at birth, or after, regardless of whether deafness or dumbness or both in one or many individuals. After finding it, it is adjusted after which function of hearing or speech or both is restored in multitudes.

This can be done without asking individual to cease period of productive daily labor; it takes but a moment; time lost is insignificant. There are no hospital bills, surgeon's fancy prices, nurse's salaries, lost time during recuperative period, wasted value while nonsupporting family.

As it is now they are at mercy of charity — of state — while learning artificial methods of existence. With solution in vogue, they are producers while functions are being restored.

It will be found unnecessary to tax anybody while this is done. One man, at a salary of \$100 a month, could adjust all patients in any state institution in mornings alone and have time in afternoon for private practice. It would be but a year until number of patients getting well would reduce overload of employees, close part of institution and, year by year, number decrease until minimum would exist in five years or less. As it is, maximum is upon us, patients are increasing, and we are compelled to ADD building after building, scores of employees, heavier-priced managers, board, clothing, room, etc., being on increase.

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#### 4. BLIND PROBLEM.

Sight is a lost process. It is dependent upon actions, in multiple form. Sight begins and ends with mind. Power used is made by brain, is transferred from brain, thru efferent nerves to eye where that organ is in juxtaposition to objects which create upon retina certain vibrations which are recorded, transferred to afferent nerves where current (which came from brain) picks it up and carries it back to brain where mind puts the impression thru process of interpretation and then comes realization of condition observed subjacent to eye.

Loss of transmission, either efferent or afferent, determines absence of sight — blindness. This condition may occur any time, either at birth or after. It is usually after but occasionally occurs before. This function, as in insanity, may be functional,

pathological or traumatic. If current is absent, eye appears normal to ophthalmoscope, yet sight is absent. If eye be diseased, impressions cannot get thru to retina and sight is impaired. If aqueous humor be in excess or minus, impressions are not transferred from external world to sensitive plate upon which vibration is recorded, hence we get dimmed or blurry sight. If eye be injured as being cut or gouged by accident, then for same reason sight is bad. For latter, we cannot insert new eye.

It is former conditions which demand attention. Many are blind who walk our streets. Being blind they are approximately helpless. They must be assisted, helped, led from place to place; thus do they draw upon ability of producer.

Glasses are given to sight that is dimmed; medicines given to those who fear loss of sight; at best this is tickling nozzle with no thought in mind of increasing supply of that which carries impression. When sight is gone, no attempt is made to restore it except thru surgery, and this is too expensive for many.

Those who are blind are an extravagance upon humanity. They bleed, leech, beg or borrow thru sorrow their way thru life. We must accept inevitable; accept them now as they are and do best we can. Being proud, they prefer state institution and there learn to read by raised letters and weave cane chairs which saves them from being absolute dependents. They help, in part, to keep themselves from being paupers.

State Institutions for Blind exist in every state; they are only maintained by taxation. Here exists a constant drain upon public resources. Otherwise healthy men and women, sit idly by and let us supply them with something they can do. It makes it possible for them to be a bare fraction of themselves.

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## CHIROPRACTIC SOLUTION OF BLINDNESS

Being blind is loss of a function, not an eye. Function is abstract therefore neither Murine nor saline, glasses nor glib can return it. Being absence of function, only restoration can return it. This cannot be done by adding or taking away but by adjusting that which is out of alignment.

Solution brings to our attention past and present modes; that which aimed to treat effects by and thru additional or subtrac-

tional methods until failure was involved and then sending case to institution for blind. That which adjusts cause by and thru restoration of that which was made in abundance within patient in one place and was dormant, to place where it was needed where it could be active in doing function for which it was manufactured, if blunderer has not gone so far as to remove eye.

Adjustment of cause will restore sight, for cause is cause because it is cause; effect is effect for in effect it is but effect. Treating effects has never changed cause for effect does not cause; adjusting causes has changed effects for cause produced effect without which cause effect would not have been.

It were better to adjust cause, restore sight; make dependents independents; make them producers rather than leeches; tear down institution for blind rather than build more; make them objects of self-support by adding to store of their world rather than objects of charity living upon whomever will give.

When this solution is put into effect, and has been universally applied on present generation of chronics, and years have produced thousands in whom sight has been restored; when it has been used on those in whom cause is acute and stopped before that which is new has become old, and sight has been saved for those who might otherwise lose it and thus institutions depopulated and newer generation saved from going within, then we will realize it is not necessary to take care of blind in any one state.

We presume that not less than much time has been spent on cases now blind. When solution is applied, only minutes need be spent on any acute case to save him from going there. Conservation is the cry. Efficiency is demand. Here you have it in highest possible degree.

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## 5. ORPHAN PROBLEM.

Children must be born and people must die but neither should decrease normal span of life. Given two parents who live normal span of life and they will give birth to children who will be independents before they die. Innate has so thoroly and carefully planned reproductive question, it would be impossible to have it otherwise.

Examples: People should marry approximately near same age. Given a male and female, each of 21. Fruitful period is between 21 and 45. Given a birth within first year, given their normal span of five score (contradicting old three score and ten) and children will be 80 before parents die, thus allowing son to care for father. In fact, if son does as father, grandson would be within is own. Suppose, tho, they have no children until last year of fruitfulness — 45 — then their children can still be 55 before death should take parents.

When parentage was independent and children dependent, then one nursed other; when parentage is dependent then children are independent. Thus give and take proposition has been well arranged; Innate purposely making adults non-producers at age where beyond which they could not take care of youthful age to carry them out of orphan age.

Term "orphan-age" was well applied — meaning to come within that age which would make them orphans, which is below productive or reproductive age. All children are, more or less, orphans before age of puberty and gradually get less so as they approach maturity.

Suppose parents marry at 21, give birth to a child at 22; when child is 2 years old parents die — child now becomes an orphan. This cannot be laid to blame of child, but he who could not do that which would save lives of parents can be censured.

Barring accidents, and those are circumstances which none can control, every person, male or female, should live full 5 score of years, at least 100. There should be no early death in parentage, consequently we would have no orphans. Percentage of orphans who are so placed under state care because of early-sick-death of parents, whose sickness could have been obliterated, is approximately 90 per cent.

Natural is made unnatural by sickness which older methods have failed to change back to normal, which shortened life and made their product orphans on our hands.

Those who are natural, are not sick, live out their natural span of life. Those who are sick and die before their time, leave their product behind for him who is natural to support. Thus those who live are taxed to care for orphan of him who dies from

disease. Fault is not with him who lives, or with children of their parents, but in accident, its results and those who cannot and do not know how to correct it.

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## ORPHAN SOLUTION

To correct present age we should begin with grandparents. They are probably now beneath sod hence we must begin with children recently born. See that no subluxation is permitted to remain until they pass youth stage. Do this and they reach parent-age ready to live their full span. Being prepared is three-fourths of battle; they will go thru life and die a ripe old age, out of which come independent children caring for themselves. All this has occurred because we adjusted babe and made child, adjusted child and made adult, adjusted parent and made their life natural.

This you cannot do here and now. Present age of parents acts as obstacle. They have been taught to stumble by stumblers who would rather they continued to stumble than learn to run from teachings of one outside their set. Educate present race of adults to lengthen lives as much as you can, be it but 5 years, you have reduced orphanage. If prophylaxis, as a working factor, is too far ahead, teach conservation of forces we already own.

Having improved present race and prolonged age of race to come, it would be impossible to have orphans; no orphans, no orphanage by State, no State taxation to support them.

We would thus eliminate 75 per cent of present taxation upon this subject alone. And still we have not considered institutions for imbeciles and all contributory diseases that can be traced directly and indirectly to silly things which change children from natural to unnatural.

Of all problems and solutions offered, there is less reason for this and more argument in its eradication than any others.

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## 6. SOCIAL EVIL PROBLEM.

Social evil consists of females gratifying certain abnormal sex cravings with or without men. Being an act that not one alone

usually pacifies, it requiring two, then men are as much implicated as women. We are not a believer in this one standard of morals for women and another for men.

We have become accustomed to looking for chastity in prospective wife, and man be as loose as he will granting a certain license when "sowing his wild oats."

Neither are we in favor of saying that woman drops to lowest possible standard of morals, even below that of man, and because of this she is to be only one condemned when she follows man for only those things man can give. Crime of social evil is as much man's as woman's; each is of equal blame.

Social evil has been practiced in private and in public; in secrecy and in open; in high society and in brothels — no class, color or stage of civilization has been exempt. It has been curse of nation after nation. It has followed in times of war and peace; greatest men we have had have been libertines and some of greatest women prostitutes and opposite is true of all times.

From beginning of man's knowledge of sex and his writings of those facts, even in drawings, it has been with him. Many books have been written; it has been cause of multitudinous investigations; more brains are creased from thinking over it than any other problem. Specialists have given to it their lives even to Ehrlich devoting 20 years for a specific for syphilis, and yet all such have been failures, so pronounced in their time and place.

As nations were young and in debt, they had to work to put their country on a footing; once that footing had been reached, debts paid, affluence set in, then came social evil following closely on its heels. As pioneer worked hard and had little time for pleasure, so did he reap his harvest to hand it down to a son who had neither to earn nor learn; therefore began era of laxity and by time it reached third generation social evil predominated family from son to daughter.

As family begins in poverty and ends in laxity, so does nation build itself out of rugged soil to die in its own filth of social evils.

There are more mental and physical sexual perverts existing today than ever before. This subject was cynosure of all eyes even in time of Rome and Egypt. Many philosophers tried to close baths of Roman Empire, but gave up in despair. Many

physicians and public spirited men have spent good money to try and clean morals of larger cities, but failed in despair. And yet today they are still with us — scarlet woman is on all sides. Problem is still unsolved.

When mind cannot flow thru a brain and thus make normal thots, we call this "mental perversion" but it usually takes definite form according to which part of brain mind cannot work thru, hence insanity dwelling upon some certain subject. When that mind, once having gone thru brain and entering body cannot go thru, certain "sex perversion" usually takes definite form according to which sex organ it cannot go thru, hence masturbators, prostitutes, syphilis, gonorrhoea, etc.

It is almost impossible to find a person today, male or female, who reaches age of puberty without some sex difficulty or perversion. We might go further and say that 75 per cent of children that reach age of 10 have practiced some secret sex habit which saps their life. We could carry it along; note sterility in sexes, their inability to give birth to children without great suffering, and consequential diseases thereupon attending and following. Note condition of children they give birth to. When we think of sex condition and sex inability of people it is a wonder we are able to produce and reproduce enough to keep head of world above drowning and such would not be case were it not that Mother Innate does what she does in spite of all we do to disown her, working against great odds; and if her possibilities were not so much greater than ours, end would come as sure as might.

No one knows high crimes which are committed in name of sex. Psychopathia sexualis (Kraft-Ebbing) would compel any student to stand aghast, horror-stricken, at doings of people over sex. Imagine a man going to a morgue, there fiendishly ripping open bowels of a female cadaver that he might play with his hands in blood of her organs. Steal a hair and worship same in ways we cannot describe.

Many men lose their heads over a partially exposed ankle, letting imagination play rampant with commonsense. How many thieves, murderers, etc., are made by mad desire of man for woman? End is not in sight, it might be thus discussed and cussed until doom of day.



Who has said there is no harm in one glass of beer, that harm is in excess; there is no harm in intercourse when along lines intended by Innate, that harm is in excess, barter for money, its flouting of same in faces and minds of those who would try to control themselves if it were not for that?

Cities are counted by thousands, out of which a percentage are openly announcing their business of selling their charms for a price, maintaining a home for that purpose. It is this percentage that gives cities' fathers trouble — what to do with them?

Two "solutions" have them tried. 1st. Prostitution is a needless, useless and unnecessary crime. It is such that women can control themselves and earn a living in other ways. It is not necessary that man must have woman. If so, let him get married and be legitimate in all he does. Prostitution is contrary to Nature's laws, hence it should not exist. We will stamp it out by separation, spread them, not permit them to gather together to thus strengthen each other in what they do. City passes ordinance which closes saloons in vicinity, forces bordells to close up, fines every pimp or white slaver they convict. It remains a short space of time until same girls are found spread out all over city, in homes of refined people who are shocked at what they finally learn. They rent homes in fancy residential districts among rich and thus shock them until they act in self-defense, cause an ordinance that any such person can be legally expelled without further provocation or restitution from any house found to be conducting such business. Thus nefarious business is NOT stamped out but spread and sooner than later city is compelled to go back to plan of segregation.

2nd. SEGREGATE them under hypothesis that so long as men want and women will sell, then they will get together in spite of every ordinance ever made; that it is an evil that has existed from time immemorial, that it always has been and will be. It is here now and will stay, there is nothing we can do to prevent it. Sex is greatest passion animal has; it is basis of all love when clean, hence it is ruling passion when unclean. Being ruling passion, men or women become as beasts willing to murder if necessary when perverted functions are prevented from getting what they crave. As morphine fiend gets desperate for its dope, so does prostitute crave high life and man be fool enuf to gratify her.

Therefore, proper thing is to segregate them, let them do what they please and in any manner they like so long as they let alone those who wish to remain pure and decent. They must not flout their crimes in faces of those who don't desire it. They must consider themselves an evil, hence must be regulated to extent of physical examination, etc., to prevent spread of diseases. What they do must be done within walls of their home and in a reasonably quiet manner so as not to excite neighborhood. They must confine themselves within territory prescribed and not go out of it. As such businesses are lucrative and money flows like water, they must be taxed to help support otherwise morally rich town. State must pass statute making prostitution a misdemeanor. City may pass ordinance granting license to sell body and booze, that city may get its swag from deal.

Both plans have failed to in any manner, shape or form, reduce spread of sex perversion. We see no improvement of one upon other. In either event, each treats it as a pest with no permanent improvement any more than treating of disease cures patient.

Sanger, in his "History of Prostitution"; Flexnor's report on "Prostitution in Europe"; and many other books we might mention even to Report on Investigation recently sent forth by Rockefeller Commission, each went into subject to solve it, each gave it up in despair practically to say, in end, that it always has been and always will be. As an institution of civilization, it is, and there it drops.

Sanger tells us those natives who know no clothing not even breach-cloth yet where sexes commingle in native habitats; where they bathe, eat, cook, sleep without clothing, prostitution is practically unknown. It becomes worse in ratio as clothing and intellectuality and ease of activity develop themselves upon us. Those nations are worse who wear corsets than those who don't. Prostitution acts as a wave in countries where women most show their forms by thin and narrow clothing; that as styles such as décolleté busts, short skirts, X-Ray skirts, etc., come into vogue sex perversion becomes more prominent.

Sex expression is more paramount in summer than in winter, giving as his reason that number of clothes worn by women is less, they show and expose more of their bodies than in winter and this gives opportunity for approach that winter does not pre-

sent. We are not stating these as our opinions but to show how far students of this social problem have gone in trying to solve it.

Let us go further. Masturbators (both male and female) have been found to be as young as 5 years; that 75 per cent of children practice it or some other habit equally as bad. This ruins mental faculties of children, makes them stupid, dull, slow and incapable of brilliant thinking such as is necessary to compete with those who are. Think to what an appalling extent this form of sex perversion involves, including as it does flower of coming generation.

Youth of our land in midst of sapping habits, benumbing future progress of our homes; adults in same house sick in a legitimate way or dis-eased in an illegitimate manner; some of which (and percentage is not small) already are contaminated with syphilis, gonorrhoea, etc. Some authorities go so far as to maintain that one out of every five have some form of latter contagious diseases, both male and female, either legitimately or illegitimately.

75 per cent of youth in throes of habits; 20 per cent of adults with serious diseases; 50 per cent of balance not able to do normal duty at time of puberty, menstruation, wife-hood or motherhood. Unquestionably, this IS a problem.

Alienists and experts on insanity tell us that 80 per cent of people in their institutions come there thru some perversion of sex. They began with habit, gratified it, stepped from bad to worse eventually to "lose their mind;" step from physically defective to mentally subnormal and land there either because they were damaging to themselves or could not be trusted with life and limb of others — hence insane.

Insane asylums are divided into two branches: insane hospital and insane penitentiary. We can see all may be perverted but some are in a form of sickness whereas balance commit a tort and because thereof land in jail.

All this has been studied by hundreds of thousands; even began a most sincere investigation to those who have reformed and then fail to offer any solution that would stand any test. Reason for this has been well laid down in our discussion of problem of sickness.

These people have pleaded a cure in absolute chastity, but such is impossible. In our opinion sex is a dominant function. So long as muscles are made, so long as current is made to move muscles, and so long as it gets from place where made to where expressed, contraction will exist in spite of all mind or will power. This is equally true of secretions and excretions. If secreted, they must be excreted, within normal limitations. That which is normal cannot be suppressed; complete chastity being impossible in either sex. If it does not get expression in one form, it will in another. Man was made for woman and vice-versa and marriage is normal mating of two sexes to complete sex cycle, none of which can be avoided and fulfill purpose for which we are and have been made.

Medical man pleads cure thru sterilization; this but cuts out an effect. Removing certain organs of either sex, making eunuchs, does not destroy act of mental perversion of desire to express such perversion, it makes sex perversion non-productive of that which would injure another. Neither is it sufficient to antidote that which exists by injecting alkali to neutralize acid. Such methods are today uppermost in treatment of such diseases as they exist.

Prudes claim all this is caused by lewdness of language; open and indecent exposure on public stage, street, etc.; study of art in learning with human nude model; obscene printing, etc. These are cited as CAUSES out of which one Anthony Comstock becomes appointed as a Judge to pass upon same. He goes limit by trying to drape statues in public squares, etc., and thus makes a laughing stock of himself by going to extremes.

Taxation that such conditions force upon those who are true to normal self, is almost beyond calculation.

Up till recent years this problem has been regarded as purely a question of charms to sell and charms to buy; but, thanks be, investigation has finally modified them sufficiently to let others know that all such is regarded as a disease and as such is a pathological or functional disorder. It is then upon this stage that we began our investigation into SOLUTION OF SOCIAL EVIL PROBLEM.

Assume that a daughter in a family goes wrong. Father, mother or brother, try to chide wrong, shame her of her slip, put

it on religious moral basis or send her to minister who will tell her how she is doing God an injustice and should pray for strength to overcome her sins, etc. No longer will this be even an issue to be discussed by church, neither will cities feel called upon to deal with it as a municipal problem. UNIT will be sole consideration.

It is man or woman who is sick, functions perverted are in her; it is not her soul that has gone wrong for it is right now and ever was even before or after she became sick. Soul is willing and ready to do what is right if it could get thru obstruction. It will not be a question of morals for all mind power could not stop unnatural ejaculation at wrong time or place. Subluxation is of and in unit; this unital subluxation will need be adjusted before that which is now considered a question of morals can be made healthy.

After all, are morals a question of function; are not many crimes a question of geography? Here polygamy is wrong; in Turkey harem is proper if you can afford it. Here skirts are proper for women and pants for men; in Morocco it's opposite. In Hindustan clothes are improper and nudeness is; here no clothes is a crime and clothes are quite proper. There they wear no clothes and don't pretend to, are open without them; here they are compelled to wear clothing and then see how far they can go with as little as possible without getting arrested as a criminal.

Indigestion is perversion to digestion; insanity perversion to sanity; constipation perversion to movements; paralysis perversion to motoricity; and so is prostitution perversion of function of sex.

Rather than regard temporary enjoyment as cause, financial transaction as cause, it will be found to be a condition to which action could not be otherwise. Many is case that does what she (or he) does knowing it is wrong but it was as it was and could not be otherwise.

Means are now known whereby every unit, male or female, acute or chronic, white or black, private or public, making a living or entertaining friends, suffering in any degree or organ, be perversion what form it may, they can be made normal sex-functioning to extent that sex becomes a blessing, subject to normal control and not a burden and beyond human endurance.

We can understand if our position be true, many people might assume pathological argument, claim to be sick and then offer that as an excuse for lack of control; but adjustments would meet that issue if given time.

Ignorance of sex; prudishness of parents; infection from contact; publicity of stage, etc., are symptoms which will cease to arouse that which they do, once solution becomes general use.

Some men cannot see a woman without arousing their passions; other women cannot observe bare skin or touch it, come in contact with certain men but what their passions are almost uncontrollable. Other men and women are opposite. Nothing arouses them into activity, not that they are non-sexual or sterile but they are more nearly normal and have control of themselves.

As UNIT is adjusted, eversion will take place of perversion, normal healthy sex function will flow from inside outside, control will be inevitable; and as this will occur in one prostitute or libertine, one masturbator or habitue, so will it be done to dozens, hundreds and thousands; it is but a question of more Chiropractors, more adjustments and more health being liberated; thus and thus only will it be possible to cure this sore in vitals of beehive of men. Segregation and separation — both are failures — but RESTORATION can be a success.

Annual cost directly and indirectly of trying to control sex perversions, segregations and separation at Shrine of Hymen from those who are not to indulge, is appalling, even greater than taxation for insanity. This will gradually reduce until entirely non-existing and money directed to other and more needful channels.

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## 7. CRIMINAL PROBLEM.

There are forms of dis-ease that have long been regarded as well within domain of pathology; such as cancer, etc. Other dis-eases have more recently been given special classification, e.g., FUNCTIONAL heart-trouble. Aside from these, there was still another wherein mind was known to be not normal — evil spirits — a religious argument. We have been weaned from superstitions that insanity was evil spirits. Today that is a recognized dis-ease; more recently regarding its cause as some pressure upon brain, either traumatic or blood-clot from blows. We now

recognize perversions of sex as a pathology, hence a sickness and not a whim or fancy of a petticoat or a business for money.

Instead of regarding CRIME as an inheritancy or deliberated cussedness, ill-breeding or environment, we are favoring hypothesis that it also is dis-ease. Because of its coming within scope of our solution we shall make comments on that subject without apology.

Crimes are of two kinds, those against self and those against others. Crimes are usually regarded as those which statutes call crimes.

A legislature can make anything a crime which is not, in fact, a crime, providing they get a majority to agree to make same a crime. Example: a cow is not a horse, this is a matter OF FACT. YET a legislature can make it a crime to have any one call horse a horse or aught but a cow, if they so desire.

It is a crime for a Chiropractor to practice Chiropractic and thereby save human lives. Saving of life is not a crime; it is not that you are using Chiropractic that makes it a crime; it is that you are practicing medicine and *making a charge* for such service that makes a crime. Who says practicing Chiropractic is practice of medicine? Legislature. Who says *taking a fee* for practicing Chiropractic makes it practice of medicine? Legislature. That which is not practice of medicine has been made so by charging a fee — because legislature says so.

A crime should consist of elements which, because of their being said or done, injure person who says or does them; or by being said or done injure another.

Examples: Masturbation injures person who practices it; it should be regarded as a crime. It is not. Excessive intercourse should be regarded as a crime. It is not, if you are married; it is, even tho done, if not married. For latter you can be tried and convicted; for former there is no provision even tho each sap other until idiocy results.

As a general rule, that which one person says or does about or to another, which because of that action injures second party, is considered a crime for which provisions have been made by statutes.

We maintain, as a general proposition, that crimes are based about criminals; that criminals are human beings who are like rest of us in conception, birth, existence; origin, transmission and expression of functional currents are of same character in general aspects. If they are criminals whereas we are just, such is a perversion from normal to abnormal of that which they think.

We maintain that a normal human being, normal in brain and body, mind and muscle, could not think an unnatural thot or do an unnatural action in his body, hence that which is normal is true to law of God, hence couldn't be unjust to any regulation that could be made by normal man. Hence, he who is well in thinking and execution could not commit a crime in expression.

Crimes are usually graded according to degree of injury they do others, exactly as are diseases named according to severity of damage they do to human body in which they are found. Petty larceny, where amount of plunder stolen from another is small. We have sick stomach that steals a portion of duty of that stomach to its food. We have degrees between petty larceny up to murder in first degree which is equivalent to apoplexy which usually kills its individual in first instance, taking from body all its life by a spinal cord pressure. There is a relevancy between scale of dis-ease, insanity and crime; each represents a degree of perversion of thot and act.

That brain which is normal — the Innate — never has been known to think that which is abnormal. It never steals from its own body, never robs Peter to pay Paul, never commits murder. On reverse, whenever such occurs it is because Innate cannot get to place where needed. It is *absence* of Innate that makes murder possible. As you never find rats where there is no garbage, so will you always find life wherever Innate is.

That educated brain which is normal, gets its full 100 per cent supply of current from Innate and is, in duplicate, thinking half of Innate, willing, ready, anxious to do all Innate asks of it. Therefore Educated Brain presumes to double its Innate, provided flow be equal.

Our population is increasing, so is crime. But crime is greater, in ratio, than is population. What have nations done to decrease it? If there is a solution, it should have been discovered by this time. Thousands of years have passed, millions have been con-



victed of being criminals and paid penalty therefor. Why does not experience bring us something which will show an increase of population with a decrease of crime?

Crime is no respecter of position, wealth, standing, class or breeding. We see it occurring in all multitudinous phases from highest positions to lowest; one does it in a brutal manner, other in a gentlemanly form. It is with wealth as with poverty; one employs another, other does it himself. We find high-society prostitution among intellectual, and it is rape or white-slavery when done among ignorant. We find man of position with "mistress" and "pimp" with his white-slave. What's difference in *thot* and *act*? None. Criminal and those crimed against are liable to be one or other or both without discrimination.

A man who is wealthy is charged with crime. He engages best of counsel, pays well to use their brain. They dig up technicalities, evade trials, etc., and finally get him off. "Lucky dog" is our expression.

A man who is poor is charged with a misdemeanor. State provides lawyer. He is accused, tried, convicted and incarcerated into a common jail, insane penitentiary or prison. Medieval giant of massive size, called statute and court, said he had a dis-ease; they examined him, diagnosed his case and cast him into operating room to prognose that he had a successful operation but couldn't rally, therefore doomed to death within four walls.

He did an act, somebody saw him. They arrest him for *act* which he could not prevent having done. He *did* act because he *thot* it. He *thot* it because his brain is perverted, representing a perverted flow of current all of which he could not prevent having *thot*. They try ACT, commit body to pen and thus treat effects same as physician makes whole body poisoned with vaccine virus to overcome typhoid fever in bowels. They treat body for *overt act* in a portion thereof. Thus do we care for crime.

Example: Man's Innate Brain and Innate Body are o.k. His educated brain and body are o.k. with exception of one lobe which does not get normal current from Innate — sex lobe. As a result that portion of brain, *its* mind and *its* line of *thot* are perverted to excessive desires. Man thinks crazy *thots* about girls under age of consent. His sex organs follow character of function manufactured; they are excessive in desire. In an excessive

spasm, he seizes girl, rapes her, he is caught and tried. For what? All or what a lobe of one lobe of *his* educated mind and *one* organ of his body did that was wrong. His *entire* body must suffer for years punishment of foul air, poor light, steel bars, lock-step, stone walls and anything but constructive association with men worse than himself.

Our system of treating criminals is no better than our system of treating sick. We note disease, diagnose it, incarcerate it by making a second, until finally we end where we started, gaining or reducing nothing.

We are constantly building addition after addition to more penitentiaries, reform schools, homes of correction for girls and boys, than before. Only improvement noted is today we do not resort to brutal physical punishments formerly in use but we substitute worse forms of subtle psychological third degree.

Think of tremendous cost of sustaining, by taxation, system of treating criminals. Suppose we, who go about business comparatively well, were taxed to pay M.D.'s for treating sick people, wouldn't it be awful? You do that very thing now when you sustain present system of trying, convicting, and incarcerating criminals; and because it always has been, you accept it as inevitable, do not raise your voice against it, pass it as one of inevitable curses of ages, do not try to see why crime even exists; and what is more, do not try to reduce it by lifting your voice to educate people and adjust them to newest of eras that is all but upon us in our stupidity.

Those who are just are those who do not think and act that which is unjust to themselves. These are law-abiding class. Those who are unjust are those who think and act that which is unjust to themselves as well as to others. Those are criminals.

Having stated crime, criminals class, methods of treatment, failure of system, let us investigate *cause* of crime and its adjustment.

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## CHIROPRACTIC SOLUTION OF THE CRIMINAL PROBLEM

Crime begins moment accident occurs. Trauma produces subluxation, following which commences perversion of current which fluctuates normal brain to a diseased one; normal mind to ab-

normal; healthy body to a sick one; 100 per cent that to less than that. At a propitious moment, determined by pathology and function, criminal that commits itself and then begins historical parody in this modern and supposedly enlightened age.

Reduction of crime can commence with reduction of cause — subluxation. Crime never has existed without cause.

Crime, of any degree, is sickness to which each is liable any time. None are exceptions to any of usual subluxations, which could pervert *our* functions as they have done to others. Crime, tho, is committed only when disease has got beyond control of balance of its reasonable body.

Crime is not a question of nations, states, counties, cities, villages, UNIT. It would be as folly to treat a family, organization, church, village, city, county, state or nation for head-ache of one John Smith in Grouchy Center, Liver County, Grunty State. Cause of *that* sickness is *in* unit. As such, physician so regards him, treats him and buries him. All this changes when it comes to crime. Crime is an act for which society blames itself, which Society treats in a broad general manner, for which Society has constructed a hospital and in which Society uses state methods of control.

Criminal is defined only in general community terms, never as a man. He is regarded and dwelt with much as physician looks at microbe; no one makes any particular difference, but as a conglomerate mass, "microbes cause disease." When he describes one he does so to differentiate him from another class of germs — not that one from one makes any difference in their extermination. A fly is a fly, no one fly is better to fly than another; but all flies are nuisances. They are a class-pest, hence the anti-fly campaign. Criminals are a society pest and one is as bad as another. All are given numbers and counted as are flies when killed for a \$100 contest.

More attention must be given unit; in fact, all that should be directed to him (or her) when he (or she) is adjusted, is well in that and act. We again everted perversion from source to effect; began a system of emptying houses of incarceration; reduced taxation; relieved burden of heavily taxed; and, not only this, but improved mankind in doing.

By adjusting men who are outside, we keep them from becoming criminals. Who is to say how many criminals we have kept out of penitentiary, when we have been adjusting sick people? Who is to deny we kept millions from being that far sick that they would be committed for expressing a sickness called crime?

By adjusting sick men who are inside, we could get them well, give them physical freedom and fix them to that degree where a repetition of same act would be as impossible as return of a case of heart-trouble would be once its cause was adjusted. We would have no more hesitancy in "turning loose upon society" a criminal who had been properly and thoroly adjusted than we would a case of tuberculosis that had been ably and correctly adjusted to health. One would be as safe with his neighbor and friends as other.

Imagine a person with cancer — which is a thief stealing life of individual, robbing him of his inheritancy to be well and happy — being incarcerated in a penitentiary believing that somehow this method would cure his disease. Its very thot is ridiculous let alone application.

Imagine him who is sick of brain, bringing forth foolish thieving desires and actions, being tried by a jury — which is but a consultation of 12 men over whether or not he is sick and to what extent they can diagnose degree — and then seeing those men prescribe that which ages prove possesses no cure. Why perpetuate failure? Haven't we yet had enuf? If not, when will we?

We have one hesitancy in going further with this discussion. You have probably considered if what we have discussed could become true, then, in reality millennium would be at hand; that world would be a place of sunshine, good cheer, healthy people and we could rest our minds and be safe from criminals, slander, etc.

This thot comes to your mind so far as you look at various problems, their immensity, number of people involved, ignorance and failures of past, etc. Put their problems upon basis of UNIT, regard *them* as sick, it becomes a minor issue and one you grasp. When a person comes to you with headache, you have no hesitancy in giving him adjustment, knowing he will get well.

When you begin to multiply number of headaches in a city, county, state or nation and world then problem increases and you raise your first doubt. Grant this headache may increase to that degree of making him insane, and insanity can increase that severity where he loses control and becomes a criminal, and then multiply same by million and you have a problem based upon one unit of man.

Multiply various phases these problems take and you think it beyond human thinking proportions or human ability to correct same. Granting these series of problems are many, their immensity staggers us; yet, we have seen fit to step into it, grasp a hold of it knowingly. We are adjusting those who *are* sick, not as problems or existing in millions of persons, millions of dollars, thousands of institutions and hundreds of millions of failures. We are grasping ahold of unital fundamentals, going into it with eyes open and are striking at very root of its causative existence. Little did you think, when you took up Chiropractic, that you were holding on to tip of a hair which led you to tail which connected itself with bull of ignorances and failures that has stifled world's progress and held it back thousands of years in a day; yet such is case.

Regarding all as A UNIT, you grant he who is perverted is sick. You are willing to adjust him. Granting it as *a series* of problems you have doubts. It IS staggering only to extent that we can and have SO MUCH to do; he has behind SO MUCH UNDONE that he HASN'T DONE. It is *your* competency and *his* incompetency that bewilders when you grasp fullness of what is now our duty to fellow man.

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## 8. DRINK AND DRUG PROBLEM.

Entire fields of pathology, symptomatology and physiology, etc., have been cussed and discussed. We are forced to conclusion that matter can work either too fast or too slow and that rest is outcome of some varied combination of either; that if secretions or excretions are in excess or minus, it's because tissue worked too fast or too slow, and while this might go to an endless condition, we shall close it quickly, by saying that there are but two diseases — excess or minus of function.

For above conditions there are two treatments, notwithstanding contradiction medicine will say there are some thousands of ways of doing same thing. For dis-ease which is in excess action, there is but one way of taking care of it, viz., *reducing* its action to normal. How that might be done is endless but only one exists ultimately. Same is true for that dis-ease which is in minus action. It needs bringing up to standard. This can only be done by *increasing* action.

Dis-eases represent inhibited function or stimulated one; treatments represent aim and desire to stimulate or inhibit its opposite. For that dis-ease which is now excess action, treatment must be to *inhibit* that action *down* to where dis-ease is no longer stimulated excess. For that dis-ease which is now minus action, treatment must be to *stimulate* that action *up* to where dis-ease will be no longer a minus quantity.

Thus pathology and symptomatology are simple studies — excesses and minuses. So is materia medica a simple study — one of prescribing opposite to produce opposite. How this is to be done is empiric and arbitrary.

To change condition and accomplish end, there are two generally well known and used agencies — using term “agencies” as more legally applied — liquors where stimulation is needed, and drugs where to deaden is aim.

To make themselves properly and clearly understood under this classification, broad as it is, we set forth two concrete examples involving Chiropractic hypothesis, for without it chain and circumstances would not be complete.

Mr. A. Disease: minus function. Circumstance: man falls. Consequence: receives subluxation. Product: lumbar subluxation. Diagnosis: bowels paralyzed. Symptomatology: constipation. Prescription: Starts with Hunyadi Water; soon it fails; then tries gingerale, then beer, then whiskey; soon he's a drunkard.

All this did not occur in a week or month but perhaps took years. Neither did it occur solely because he was invited to partake of a beer several times too often and thus lost control of himself. All that occurred has been a process of time.

In ratio, as paralysis increased, day by day, so did drinker increase stimulant day by day; for did he not eat? Do his bowels

not need moving? Then as one goes down other must come up that, between two, a sort-of-balance shall be maintained.

Does this man drink beer, whiskey, rye, etc., knowing it is for bowels? Does he intelligently take one to assist other? Hardly! Man rarely gives second thought to that which comes from within. Call from Innate is mere prompting; it is taken care of without realizing. "Nature" is abstract and rarely studied by man. Its ways and means are peculiar and little understood.

As soon as bowels get acquainted with any new stimulant, then it is no longer effective, it has ceased to be a stimulant, and something STRONGER must be taken. We find this true of anything which fastens itself as a habit upon us. Liquor is a STIMULANT. That is why it is taken, called for and used.

Suppose bowels were normal. Would we need anything to force them to move? Innate has taken care of that, seen they have muscles and power to contract, and all is well within, not needing anything from without. That which IS normal needs neither stimulant nor inhibitor. If bowels DO duty, more or less is not needed. If they don't, it is.

This is true of all parts of body. If brain is paralyzed, dull, lethargic, they take a toddy or stimulant to bolster it. Many is man who gets up with headache. It's a drink before breakfast. Illustration might be carried endlessly. That which is below par is artificially and temporarily whipped up to par by booze in one form or another. ("Booze" being used in broad sense even tho it carry Latin name, is advised by a scientist, and put up by chemists in a laboratory.)

Mr. B. Disease: excess function. Circumstance: Man slipped on a banana peel. Consequence: receives subluxation. Product: cervical impingement. Diagnosis: ripping, raging, splitting headache. Symptomatology: neuralgia. Prescription: small dose of morphine in pill. He doesn't tell patient what it is but "knows that it will stop headache." Soon this fails; dose increases; soon it's pure dope; when that fails it's cocaine, hypodermics, etc.

All that which kills pain, reduces excess function, is an inhibitor. Nothing of this character makes that which is abnormal normal, but it does suppress that which is in excess arbitrarily down to about that which physician thinks should be normal.

No physician can tell how much a function is in excess, how much tissue is involved in that excitation; neither can he supply to body the correct amount which it needs to reduce that tissue down to what it normally needs be. It is a question of guess. First dose might be too much or too little; he experiments, tries again, until he thinks he has it. But this much is true, dose must gradually increase or it has no effect later on.

If head were normal, doing proper duty, getting rightful amount of current with which to think and study, it would need no DEADENER. Narcotics and hypnotics would be foreign for they put to sleep over-feeling organs.

This is also true of every part of body. Take tri-facial-neuralgia. Morphine injected into face or swallowed but paralyzes duty. As pain is cry of depleted mental impulse nerve, so is dope a killer of that cry which calls our attention to its presence.

DRINKING or DRUGGING, as a tonic or allayer of inactivity or excessive feeling, is a failure to do that which is needed to be done — restore *normal* carrying function.

Grant that either of these is secured, question is, is that what should have been done? We maintain not. It "makes good" first time because it stimulates or inhibits; why wouldn't it do so again when another paroxysm or spell occurs? It will, hence "habit" is soon upon us and becomes fixed necessity.

There are drug-drinks (drugs which are drinks) such as Coca-Cola. It is "refreshing" as it *stimulates* tired or fagged or over-worked body or mind. A whiskey would accomplish same action. It stimulates.

There are drink-drugs (drinks that are drugs) such as Peruna. In reality, it is a percentage whiskey, yet it is sold as a drug for diseases which are below par. Where does a drug begin and a drink end — there seem no well defined lines. We accept them for what they are, aim to do in broad use of term, and list accordingly.

Physicians will disown both of these as drinks or drugs fit to be taken by human body. This is not because cases fail to get exactly what physicians would prescribe under similar circumstances, but that they didn't get profit from prescribing that drug or drink thus condemn from mercenary motives.



Ask physician what a drug is, and he informs us it is something especially compounded by druggist at request of a physician which has been bought by patient of that physician. Ask average physician about drinks which have a stimulative effect and he hands you a warning to beware of them for they contain ingredients which are injurious to your mind, heart action, etc., until you go to him. He may then prescribe same thing, under Latin titles at higher price.

Lydia E. Pinkham's, Hostetter's Bitters, are drugs. Patent medicines are liquors only as they stimulate with alcohol or whiskey, etc.

We have cited two examples of why necessity for either drink or drug.

Paralysis is a lack of action. It has a cause within that unit that has not been corrected, therefore it will be permanent until its effects continue to exist until such time as cause IS adjusted. Physicians know not this cause within UNIT, therefore treat its effects on ground that health exists in stimulation and repeated stimulation will make him well. Soon we have drinker, who must have his stimulant. Eventually we have drunkard.

Every drunkard is a sick man. Fundamentally, he has a disease, a subluxation that made all that followed necessary under present guise of medical education and treatment of dis-ease. In this connection every physician is as bad as saloon-keeper.

Excessive feeling, such as neuralgia, has basis in dis-ease. It has a cause that is not corrected, therefore it will be a permanent factor, therefore so will be its effects. While paralysis may be pathological, neuralgia exists as functional. One can be seen whereas other is only felt.

Physicians know not cause of *functional* troubles. It isn't anything they can get at with microscopes, knives and other material means. Not knowing cause, they treat feelings. A certain drug allays pain; it is repeatedly taken on premise that it kills pain once; pain returns and it will kill it again. Kept up, eventually it will cure (or kill) patient.

Soon we have dopester, who must have dope, only too soon to have a dope-fiend ADDED TO SOCIETY.

Every dope-fiend, and by this is meant a person who, because

of his dis-ease becoming chronic, has formed habit and cannot get away from it irrespective of character or kind of dope used, is a sick man. He has a functional dis-ease. Every physician, who prescribes dope, knowing future, is as bad as saloon-keeper who sells liquor or as bad as man who secretly sells dope to dope-fiend for mercenary reasons.

Is ignorance any excuse in law? Is it an excuse for blunders, perpetrated upon millions for thousands of years? We could hardly grant it, when such ignorance is burdening balance who, by accident, remain well and have to support them in their ignorance.

Who is to blame for drunkard or dope-fiend? No one quite so much as he who advises a drink to stimulate, or prescribes dope to him who suffers pain.

It can be said, if there had never been dullness, there would never have been a stimulant. It can be further said, if there had never been pain, there would have been no pain-deadeners.

Why does it exist? Because no one has yet told where cause of paralysis was; which, corrected, would obviate necessity of stimulant. Neither has any one told about cause of pain, which, adjusted, would obliterate necessity of hypnotic.

Great, therefore, will be down-fall of prestige of physician when world will learn curse of drunks and dope-fiends began with educational training in a medical college; because he does not know cause of dis-ease — either paralysis or excitation — to which people become habitues because they cannot continue to be either excessively dead or alive, hence reduce either by outside agencies as described.

This much can be said of surgery, blood-letting, leeching, operations, etc., they never made drunkards or dope-fiends, except as a side line.

Dis-ease is *in* man; cause is *in* him; adjustment is *within* him. This is true of him who is paralyzed or over-excited.

What is position of world on that question? It blames brewer, liquor seller, laxity of morals, looseness of Christianity in gripping men's hearts. If family held closer lines on children all would be well, etc., for liquor evil.

Healthy people condemning use of dope or coke by fiend, are stopping its promiscuous manufacture and sale, legislating certain rules and regulations into effect to end of registering each person who buys and sells, permitting no one to buy outside of a physician's prescription, when there is where its efficaciousness in treatment of pain became known.

They endorse him who STARTS habit for ACUTE disease and condemn him who now has it and must continue, for CHRONIC disease.

Today problem is before us, within homes and public institutions. State is called upon to regulate it. Physicians, who up till this day have been silent, have arisen and are asking for protection against its spread.

Is disease, patient, manufacturer, retail dealer, or physician to blame? All and none. All, because they deliberately trade in it, make it, sell it. None, because they ignorantly do not know CAUSE of that which they aim now to suppress.

So long as there is demand, there must be supply. Avenues are opened by physician and closed by merchant — profit must all go one way or it can't go at all. All that which goes between paralysis and over-excitation and artificial treatment and its attainment are go-betweens that cannot be successfully legislated upon or regulated so long as we remain in ignorance over CAUSE of both in each.

Chiropractic solution OF DRINK AND DRUG EVIL consists in adjusting *cause*, resorting to natural *internal* means to restore function so that which is not an evil in moderation would retain respectability and be controlled by a normal healthy man. It consists further in adjusting *cause* of pain, restoring to natural *internal* sources right and power to functionate normally so that which is now being manufactured for exclusive purpose of commercialism would be lost back into void from which it came.

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## 9. REPRODUCTIVE PROBLEM.

This problem branches into two important divisions. 1st. Discussion of reproduction of children born out of wed-lock, being regarded as an evil, illegitimate method of their being born and cared for; their disposition after being born and legitimacy of

their being separated from mothers; establishment of orphanages for them after being separated, etc. 2nd. Reproduction of diseases, tendencies, etc.; such as insanity, social evils, criminal tendencies, etc., such as are regarded as inheritances from parentage to offspring, etc. We shall outline both problems and solve them under above common heading.

By this time we assume our reader has observed it becomes an impossibility to regard any of these evils, problems or sicknesses as separate; there exists no complete and clean line between one and other. We regard them all as so many functional fingers on man-hand, or as so many naughty tentacles revolving around one objective hub, or as so many various discussions of various temperaments of human unit, or, to put matter exactly as it is, different symptoms of one disease in different anatomical parts of one person under surveillance, consideration and correction.

For instance: Criminal problem is an outcrop of insane problems. Each and all blend with all social evil problem; drink and drug problems are an outcome of sickness problem and thus each and all amalgamate with all rest. When we study insane or criminal we study symptoms of disease of brain; reproductive and social evils are symptoms of sex evils, etc.

We have gone at length to consider eight problems. We have elaborated upon each, to extent that we have shown difference in symptoms, cause remaining same for all altho located differently.

With this explanation, let us further analyze above problem, taking up first half.

A child is product of depositing of male spermatozoon and female ovum within a proper receptacle, allowing proper time for expansion (280 days) after which same is born. Formation and birth of children are two individualities each manufacturing necessary materials, excretion of same; mental activities to accept and physically construct only product it can make. This act is one, so far as Innate and Innate's bodies are concerned, which is as grand, noble and perfect and product quite as valuable to do its duties in those individuals who have not had proper social and religious custom performed over them as with those who have.

Children born out of wed-lock are as natural, perform every natural function of mind and muscle as well as those born in wedlock. Innate is no respecter of a few words properly said as educated custom demands. Innate does not wait until they have been done, neither does she hesitate to proceed with or without.

Educated man alone has set up an artificial standard of what he thinks is proper for every person to do before he can go farther. He demands public acknowledgement before educated minds of friends, that they, educationally, might know this man and woman have proclaimed their desires to live and cohabit, yet such is immaterial to Innate. If cohabitation takes place once, at right time and right materials have been deposited, it is immaterial (to Thon) whether ritual has been said or not. Yet, educated man stands aghast and condemns issue if violated.

Evil does not consist in Innate's refusing to go on with production of child for such is not case, it is not in refusing to give birth until marriage has educationally occurred; evil is purely one of man-made education and not of Nature.

Education having set standard, sex passion being strongest of all when natural and practically uncontrollable in those who are sexually pathological, it can be seen that rich and poor, intellectual or ignorant, high or low, are bound to at times lose control of themselves; ignorant do those things which are outside of governed rules of conventionalities, get "caught" sooner or later, hence child is started by Innate which must be given birth sooner or later in one form or another.

Finding herself pregnant, girl hies herself from her home town to a strange one, pays price in a so-called standard of "shame", and there enters a "home" for "unfortunate girls" and there criminal abortions are performed — for a price which is, at first, money and frequently life of mother and child. Evil here consists in attempting to destroy that which would, naturally, have been a life; artificially trying to injure Innate in performance of her function, for Innate knows nothing of false prudish standards we have educationally caused to be raised.

This is usually accomplished by probes — electrical, chemical or surgical — oftentimes doing great injury to organs of girl and thus ceasing all chances of future production.

After being born, child is taken from mother, provided she de-

sires not to care for it, keep it, or let it be known that she had one; handed to a wet-nurse or fed at once on bottle. As this standard is frequently and repeatedly violated by many people, it necessitates establishment of a home to which these girls may go, homes that take care of "illegal" "illegitimate" off-spring.

Evil consists in separating legitimate from illegitimate. We have tried to force ourselves to think it is case of separating mother from that which is rightly and morally not hers but that it must be taken away and forced onto world without "honorable" start. This conscience which pricks, in such cases, is that we know that which we accept is not that which we should uphold.

Suppose a couple cohabit at 8 p. m. and no marriage has occurred. They give birth to child in nine months. It's wrong. What is wrong? The act and consequences. Who is wronged? Both parties. Why? Because proper few religious words were not spoken, and civil permit was not issued previously.

Suppose a couple cohabit at 8:00 p. m. and marriage is performed at 8:00 p. m. following night. They give birth to child in nine months. Is it wrong? No, if not known what occurred night before; yes, if it is known. What is wrong? The act and consequence IF it is known that custom was "outraged." Who is wronged? Both are if known; neither if not known — education need not know somebody has seen fit to set at aught its custom for sake of twenty-four hours — and what education doesn't know, doesn't hurt. Permit and words were secured at such a close time it hardly leaves a suspicion of doubt nine months later. If, tho, it should have occurred one month sooner, then gossips whisper and characters go roaming between guilt and innocence.

Suppose a couple get married at 8:00 p. m. and cohabit at 10:00 p. m., and pregnancy begins that night. Everything is legitimate and all is well, for custom of education has been lived up to.

Question arises: what is difference in intent upon part of both? What, if any, is difference in acts, delights, pleasures? What is difference in functional activities which occurred in each, or their productions in given time? Observed Innately, there is none; and we don't believe any person CAN cite any.

Solution of this phase of this problem resolves itself into two: First, ACCEPTATION of artificial standard and living up to same — that no cohabitation shall occur between male and female

previous to issuance of proper permits or ritual having been said by a minister, thus making them man and wife to educational standards. Second, control of each person pathologically and physiologically to end that they can fulfill educated standard they have accepted as befitting natural manifestations. When they have so far advanced (?) that they accept an artificial standard as proper to control expression of natural function, they must uphold it or be condemned in eyes of all men if they violate it.

As to whether or not educated standard is proper or befitting under these conditions, we will not discuss now because we have written other lectures upon that subject. In previous problem, we stated that if sex organs are normal they can be controlled, either single or married. Mere performance of marriage does not give man a license to not control.

Even tho couple live up to custom, are married before they perform copulative act — even then we find reason to condemn that which they bring into world. Is it not a prevalent idea — are not physicians taught, and they in turn teaching laity, it is possible for dis-ease to be transmitted from father to son, mother to daughter, parents to children, even tho it cross in sexes — dis-ease of father will be inherited by daughter of his legitimate pregnancy? For inheritancy, we have a broad definition. It seems to include anything and everything for which they find NO OTHER CAUSE. Average sick person comes to physician. He prescribes one cause and treatment which fails; tries another; another, gradually working backward until all fail, at which time inquiry is made of heritage, stock, blue-blooded ancestry. Sure enough, somewhere near or remote is found a person who did have tumor, rheumatism, cancer, or gout; tuberculosis, diabetes, or headaches. No wonder physician can't cure it — cause (in ancestry) is dead and buried.

Disease under this classification includes all regular and common diseases, insanity, social evils, criminal tendencies, etc. Notwithstanding cause is said to be in heritage, we take medicines, operations, treatments, to take care of effects present in us today. Thus does play on truth go on.

Assuming, as a result of being born, child has a dis-ease — how are we to get him well? Assuming further he does not get dis-ease direct from parents, but inherits "tendency" (whatever that

is), then proper thing to do is pay little attention to dis-ease or tendency but go after parents and cure them, to keep them from reproducing more diseases or more tendencies. Perhaps child is far removed from parents before present day "tendency" sees fit to manifest itself. Shall we hunt parents and make them take tuberculosic test, or shall we cure them of diabetes to eradicate dis-ease in child? Suppose neither parent has dis-ease — then what? Question has multiplied. It does seem that if we want to improve this race we must begin with parents. But they are now dead — now what? No wonder we face a problem of reproduction when we are compelled to think such inconsistencies, all because we dare to go farther than they in trying to solve that which others discuss but do not follow to logical end.

Assume, for argument's sake, all we have satired is true — disease or inheritancy comes from parentage. No means exists whereby there has been any practical method used to curing patient here and now before us.

It certainly is an unjust accusation to damn parents who are not present to defend themselves for an evil they have cast onto their children whom they loved. Did they do this knowingly, designedly, intentionally, maliciously? That is hardly true of families we see suffering, yet we know not where to draw line; neither are we given a guide by our friends who accuse them. Parents stand before bar of medical investigation, accused of deliberately casting off their old diseases into their new children. What can they do to redeem themselves? They accept the crime as innocent fools who refuse to think. They refuse to study a defense. Physicians don't want them defended, hence don't help them out of their dilemma. They are convicted without a hearing or trial by jury of thinkers who refuse to take conclusion because it is a method of burying their incompetency.

If true that parentage is cause of dis-ease in off-spring and we treat youthful diseases as so many plague-sores, there could be no cure but to warn parentage to "not do it again." Do what? This they know not, hence do not know what they have done that was wrong and don't know what not to repeat in future.

Here are parents, apparently well. Pathologically, they present no objective or subjective symptoms. Functionally, they pass muster for insurance, etc. Yet they have given birth to five



children, years apart. When youngest is six years old, parents both die—one of pleurisy, other of appendicitis. Neither was sick more than three weeks (no doubt this came from THEIR parents). Now we introduce orphan problem. Children are taken to an orphanage till they become of age. One gets pneumonia, another has rheumatism, another has paralysis, and fourth has headaches. Cause must have been in parents, and they are dead. There being no KNOWN provable cause for any of these, and every treatment having failed, we are told, as a last resort, cause was an "inherited tendency." Where is cause in those who are no longer with us?

We indict parents for a multitude of "sins" and never try case in court. Why indict? Why accuse one of that which cannot be proven. Is it the nature to introduce matters to court to accuse people just to harass them from doing what they should? Is it just to indict for exclusive sake of making malicious publicity to cover our weaknesses and inabilities to get facts any other way?

Problem multiplies. We indict parents, find sickness in children, then sterilize those who begot the children. If we find certain people suffering from certain diseases, cut out a testicle in one or ovary in other, and do this to those who suffer with tuberculosis, syphilis, imbecility; make eunuchs of those who would otherwise do what parentage has done. Thus rid world of "like begets like."

Moral arguments have failed to stop parents from second-handing diseases. Medical applications have failed to prevent its being done. Operations have failed to do humanity any good; and we are safe in saying only when every man, woman, and child has been sterilized will race have improved by decreasing its "inherited tendencies." This will occur much as a prude once said: "Every man ought to get married, and every woman ought to die an old maid."

People continue to be born in spite of fact they are supposed to hand down diseases and nothing physicians seem able to do has stopped it.

## CHIROPRACTIC SOLUTION OF REPRODUCTIVE EVIL

As first part of this evil is one of education, and as education is much like jealousy it breeds on its inconsistent refuse and on nothing new but itself, it would be out of time and place to discuss rights and wrongs of its phases here. We have covered that thoroly in a lecture entitled "Education, Knowledge, Wisdom." (Vol. xxiii, Palmer, 1950)

Purpose of this discussion is to improve race but this is not a matter to which education can be applied. It is one of Innate judgment as to mating and Thon's possibilities to produce that which it desires. This depends upon condition of manufacturing machines at its command, male and female. Better the state of health of parentage, better the off-spring. Mating is not a question of statute, church, or moral persuasion; it's entirely one of UNITAL ADJUSTMENT to and within prospective parents, male and female.

To improve race, we must begin today with present adult age. Yesterday and its people are no more; why abuse them even if guilty? No use crying over spilt milk, especially when we're reproducing more to spill. Shall we quit making more, or adjust present race, put them in a better state of health, and tomorrow THEIR children will be better specimens of physical health?

To improve race today, we should have begun with our grandparents. This is what M.D.'s tell us we should have done; but as they are not with us, we can't; and as they didn't, we assume they couldn't. Hence, again the spilt milk theory.

As mankind is a race of excess beings, sexually and in other ways, he does not control himself to doing things within reason, hence intercourse is a matter of gratification, pacification of that which is now in excess, hence a matter of relief follows habit. As a result of excess, children are begotten of accident rather than intention.

Person of control will wait "till spirit moves him;" he will deliberate, figure and study upon coming of next child; have children come within price of pocketbook; thus being able to give them training they need under present economic methods. Every child should be planned, conceived with both parents at their best, then product is of equal value.

Should child do any of those things called "a tendency of re-

production," it is not because of something mother did or did not do; something of grandparent of removed ages; it is in THE UNIT committing the act. Sickness is not inherited; it is the unit which suffers. Cause thereof must be in object which possesses its effects.

Adjustments should begin during youth, that they may be healthy girls and boys. Being in that state, we should watch them during growing period, that puberty may come at proper time and in proper form. When woman is pregnant, she should be adjusted up to and within a reasonable time of delivery, that child may be born without strain upon part of mother or physician wrenching neck or back of child in giving it birth. We regenerate race and retrace all to normality by beginning with present units today, and a better generation follows.

Statutes are introduced whenever one person has a grudge against another, desires power over another, or when we think other fellow has done us when we should have done him, or when we think it isn't safe to let him be at large. If there is a new act committed for which there is no statute, then one is made to cover his crime, then punish him according to whims of people who made it and enforce it. Animals other than human family do not worry over disposition of souls. Only we who possess this thing called education think it necessary, when we have been sick, to worry about origin and disposition of our souls when our bodies have done sick acts and unhealthy crimes which our Innates know we shouldn't have done. If there had been no sickness, there would have been no crime; no sickness, no soul to patch; no crime, no statute to punish. A peculiar world, isn't it?

For these reasons, and others which could be given, we consider following religious and statutory problems as auxiliary to those which we previously mentioned; but for purpose of discussion, we classify them as separate.

(Note: Our writings are prolific in more minute and detailed explanations of much said in this story. We have not aimed to introduce all phases of that which come to our mind, but enough to open and close subject under this specific classification. If any one particular problem interests you fully, we trust you will get balance of writings and study them to find why we take broad stand we do.)

## 10. AUXILIARY RELIGIOUS PROBLEM.

We shall speak particularly to Christian religion, altho others should get consideration. One is as important as another.

Everywhere is a paradox. It would be a peculiar world if it were otherwise. We do everything backwards; we desire to go forward, and walk downhill. We build ourselves a skiff and head it straight for middle of ocean.

Educated physician, religiously taught, appeals to Jesus in spirit, but denies God in body. Surgeon goes to church in morning and prays to Jesus, then in afternoon retires to hospital to cut out an appendix. Where is God in that body or in that butcher's mind?

Man builds false gods, constructs idols, builds mansions of churches, erects crucifixes of gold, then educationally writes about a Savior who came to reconcile man to God. Man theoretically looks for God in everything but in the object where Thon is. Thon is *in* man; man was made by Thon; yet we deny him there and build special places where we expect him to be when we go there; manufacture specially designed images upon and thru which we can hypnotize our minds to believe that if we pray to them we will be saved by this Savior.

At present there are approximately 280 religions in the U. S., each with special viewpoint of what kind of cross on steeple draws special favors of Christ; or which special Leader can do most for them in heaven. They do not agree on Bible from which to teach or study. They come and go and change every year. Religions are multiplying and dying, and more will come in future. Which one is right? Are all right?

In religions there is a conflict. Of theology, there is but one God, and to this all religious students commonly agree. Purpose of theology is to draw man nearer to God, say some. Under present solution, it is to make God more manifest in man. But all this is subservient to an organized, commercialized religion to build costly buildings, altars, robes, etc.

Let us study contrast.

Here is a religion with followers, each paying money to a minister to build a church, buy an altar of gold, robes of silk, etc. After each religion is established, they vie with each other to see

who get most members and introduce best music to draw people from one assemblage to other. Rivalry is at hand.

Here is a theology. It is a direct question of communication between God and man, man to his God. All men may get close to God. It costs nothing to get into contact with God. They need not nail two sticks together in any definite form to notify God where they are stopping in woods, for fear God will get lost therein.

Imagine millions of dollars stored up in useless timbers, bricks, gold, robes, steeples in every state, for churches, salaries, maintenance, etc. Think of millions more of useless property standing idle six days a week, which is not paying taxes to help support balance of town.

Think of millions of missionaries who go to a foreign country to get them to repeat *our* prayers, to put *our* theory against their centuries-old method of worshipping. Who is to say which is best?

Think of waste that goes into religions, when theology could and would make it unnecessary to treat soul diseases of brain thru mental manifestations.

God is not within covers of a book. God is a law, yet unwritten, open to every unit to study, interpret, and observe to his satisfaction.

God made the unit, gave it life, and continues to supply it from birth to death; in fact, Life is God and God is Life.

God enters man's brain exactly as does "electricity" first enter dynamo before it gets into wire to reach motor or globes, etc. When that flow of God *is from inside outward to all the rest of that man's body*, it is normal to that unit, that man is a disciple of God because he receives message *direct*, lets it flow to where it belongs, and does that which message requires.

Man is born with God within him; it is the real Thon and is never separate except in death, and then only in relevancy. To maintain any other kind of a system of worship seems a misinterpretation of Source and but a play of treatments on effects which we want modified and don't know how to go about getting it.

If man were normal, healthy, all parts in relation with all other parts, brain in touch with all its body, God-like mind in touch with all its functions, religions would never have been needed. They were born out of pathology; they thrive with pathology and breed in ratio as pathology exists. He who is sick needs a mental crutch. He who is independent needs less of such.

Adjustment makes more of God perceptible in man's education. Hence, as one receives other improves; as one gets well it approaches its Source, hence needs less abnormal support from preconceived education born out of it.

Chiropractor does not make more God, in brain or body. He merely adjusts subluxation, adjusts relationship between where God is in man to where it isn't in same being; gives God full play in activity.

Only practical solution of this problem is that man is made more normal; Thon takes care of itself. We need reach that exalted stage of average animal that is not under domestication. No man can be his brother's keeper; neither can any Savior act as an intermediary or go-between for himself and another Source.

To help man help himself, to adjust him that he may adjust himself, to be his friend, is sufficient.

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## 11. AUXILIARY LEGAL PROBLEM.

Because of an accident, a subluxation occurred; because of a subluxation, diseased brain occurred; because of diseased brain, abnormal thot; because of perverted reason, a crime was committed; because of crime, statute was made; because statute existed, police power is invoked; because police got busy, prosecutor must convict; because of conviction, court must punish; because man was sentenced, he must pay price in money or liberty.

Physicians and lawyers will tell you there are no two cases alike. Rheumatism is rheumatism, but no two patients are alike in their dis-eases. Thievery is thievery, but no two thieves stole alike, under same circumstances.

Justice consists in physician and lawyer regarding each case separately, studying same carefully, and prescribing what he

thinks case needs. This is done in medicine; it is not always done in law. In medicine, physician possesses great latitude and provision; in law, it is cut and dried — all that can be done is apply whatever technical observation is that needed, play on words before jury, twisting statute to his view.

To those who do that educationally which they should not have done Innately, and do it educationally because they cannot get assistance from Innate which they need to control themselves from doing; to those punishment is meted out because they were sick from dis-ease induced by accidents over which they had no control. It presents one difference between itself and practice of medicine — one treats effects by drugs and other by statutes. Both are based on sickness of unit; neither reduces that which produces itself.

Efficiency of our nation depends upon efficiency of individual units of which it is composed. Efficiency of individual is in direct proportion to quality and health of his brain and nervous system.

Sheldon said it right:

"The strength of an institution is but the combined strength of its EACH and EVERY UNIT and the weakness of an institution is but the combined weakness of its EACH and EVERY unit."

Kipling further expressed same idea when he said:

"Now this is the law of the jungle — as old and as true as the sky.  
And the wolf that shall keep it may prosper, but the wolf that shall  
break it must die.

As the creeper that girdles the tree-trunk, the law runneth forth  
and back;

For the strength of the pack is the wolf, and the strength of the  
wolf is the pack.

Now these are the laws of the jungle, and many and might are they;  
But the head and the hoof of the law, and the haunch and the  
hump is — Obey!"

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From these two quotations, we get our key-note for THE SOLUTION OF THE AUXILIARY LEGAL PROBLEM.

God is within each and every man, woman, or child. Dead men tell no tales. Question is simple in seeing that that which is perverted is everted back to normal. Rather than trying to force

perversion not to be perverted, restore that which is perverted back to normal. Rather than trying to force perversion not to be perverted, restore that from which perversion became the distortion. God is the first and only law. All else is travesty on it. Law is always just, and interpretation of this law is not left up to man, but direct from God to man providing it can get thru obstruction which now perverts. .

Partial absence of man-God or God-man in part of his brain or body is going to make that part do that which it shouldn't. We say "make" advisedly, as crime is not a pleasure, neither is it constructive or a delight. No person gets into crime or stays there because of an extreme liking for pastime; it is only those who are perverted who do so because they cannot do otherwise than that with which they get to do.

So long as we permit dis-ease to physically breed, we must treat it and so long as we treat it — irrespective of means — just that long must we breed them that we may fatten upon their inequalities.

When man has been adjusted into a triune relationship in all three divisions with all his parts, then begins process of reduction of sickness and crime.

Go back thru your life, observe that of family, neighbors, employers, employees, and co-workers. During all the intervening and present time, you have heard the gospel of unrest. You have been told you were trodden under foot, trusts were increasing cost of living, courts were discriminating between just and unjust according to wealth; if you were sick you must "wear it out" or "outgrow it." Is it true? Are things better now than they were for you ten, fifty, one hundred years ago? Let us see:

With more churches, ministers, denominations, followers, and fortunes than have ever been before, sin continues to abound.

With millions contributed for erection of libraries containing latest books for any reader, widespread ignorance continues.

In an age when teaching of morality is heard in every church and schoolroom, magazine and newspaper, vice continues to exist as never before.

With more statutes on our books than were ever enacted before, law-breaker is still in evidence in increasing numbers.



With reformatory societies, great and small, generously supported and carefully supervised, we have more jails and prisons, with a larger number of inmates than ever.

With state and nation furnishing liberal pensions, with charitable societies reaching every class, poor are still with us.

With splendid (?) advance in medical science and surgical skill, sickness prevails, diseases make inroads, and death roll grows larger.

Why? None of those things change perversion to eversion; bad to good; sick to well; ignorance to intelligence; poorness to richness; profitless indolence to profit-sharing labor. Men and women will be what they are — victims of their passions, prejudices, conceits, envies, and hatreds so long as they continue to exist in them and continue to occur in those who daily come up over horizon of human family.

Well-meaning book-taught theorists who would reform society as they find it will fail in their task now, as they have always failed, unless they recognize fact that man must be adjusted as a victim of his causes — prenatal, postnatal, or antenatal.

Let us begin with this admission and address ourselves frankly to task of adjusting cause of burdens of all who suffer; but let us not delude ourselves into belief that perverted man can be made different from what he is excepting by power of Infinite Creator that gave him proper and normal being and that perpetuates a healthy state of existence.

Many wise people think of these things!

## CHAPTER 26

### The Story Of

### SELF-DEFENSE MECHANISMS

People who have shortcomings, handicaps, mental or physical hazards, sooner or later build up a self-defense mechanism to protect themselves against jibes, criticisms, unpleasant comments, etc.

Let us cite a few examples:

A few years back, we were registering at the Hotel Roosevelt in Hollywood. The young lady behind the desk recognized us at once, saying she was from Davenport. While registering, she said there was a guest in the hotel who wanted the name and address of a Chiropractor. We gave it to her. She phoned the information to the guest, in his room.

That evening, we were having dinner in the Cine' Grill when in came a TALL man — and we mean tall — 7 feet 6 inches of him. He came directly to us and asked if we were Dr. Palmer. During the course of the dinner, we said, "We presume you get tired answering questions, such as 'How do you sleep in a Pullman? How do you get a bed long enough, in a hotel? What size shoes do you wear? Your clothes must all be specially tailored, and expensive — it takes so much yardage' — and more of this." He replied: "I have a self-defense mechanism that usually shuts them up quickly. When they ASK a question, I always ANSWER it, ending with the word 'Shorty,' looking DOWN at them."

Professional people, like doctors, dentists, etc., have a social life where they try to get away from any and all professional subjects and thots. But in every social group there's always some one who takes advantage of the presence of a doctor to ask for free advice, ask questions hoping the doctor will tell him what to do. One physician built a self-defense mechanism by saying: "Of course, I can't advise you what to do without an examination and diagnosis before I prescribe. If you will take off your clothes, I will make an examination, diagnosis, and prescribe for you." The patient invariably says: "What! Here and now be-

fore this crowd?" "Yes, here and now is where you asked for advice."

A wholesale grocer and a physician were close chums, played golf, etc. They lived several blocks from each other. One night about nine o'clock the grocer's dog took suddenly sick. He called the PHYSICIAN to come right away. Physician came, examined dog, prescribed something, saying nothing about the fact that he WAS A PHYSICIAN, not a veterinarian. About a week later, a pipe in the basement of the physician's house sprung a bad leak. At four a. m., he called the GROCER by phone, telling him to come over right away. It was an emergency. The grocer came. He was asked TO BE A PLUMBER and fix the leak. It didn't take him long to tell the physician he WAS NOT A PLUMBER. See what we mean by self-defense mechanism?

A certain man had one good leg and one stump of the other. It was common for people to ask, "How did you lose your leg?" His answer: "I will tell you if you will promise to NOT ask any more questions. IT WAS BIT OFF!"

We know a certain young lady who often finds herself in a jam. Her knowledge of human nature is limited, her understanding of common every-day topics is extremely constricted. Her letters are of four-word sentences. In fact, in common conversation she becomes frustrated. Without analyzing why, she non-consciously has a self-defense mechanism. She will suddenly burst out with "You think you're a big shot, don't you?"

Many people become embarrassed in the presence of others who they think are famous or possess more understanding of issues, etc. It is interesting to watch how they fidget, stammer, shift from one foot to another, or squirm about in their chairs. Yes, self-defense mechanisms occur in many ways. Study them and learn what ticks inside of other people.

There are constructive and destructive self-defense mechanisms. Here's an example of a destructive one:

The occasion was a Thanksgiving dinner in Florida. There were present the host, hostess, yours truly, his chauffeur, and a young lady guest. The dinner was unusually pleasant, conversation was congenial, until dessert — pie. Everybody had a fork at his place except the young lady guest. All joked about it. The

hostess asked the maid to bring her a fork. By some peculiar mistake, she brot a spoon. By this time we were thru with our pie, so we said: "Here, you can use our fork; we are thru with our pie." Suddenly, without a warning, there was a sudden burst of violent temper, saying, "Of all the dirty, filthy, unhygienic things to do, that's the worst I've ever known."

Feeling ourself properly rebuked and feeling the sting of an unjust and unfair situation, and fearing we might also speak our mind, we left and went for a long walk. When we returned, we found the young lady had made no apology or explanation to the host or hostess. She was upstairs in her guest-room crying. (The young lady was then 36 years old.) Next day she came to us and said, "I was an awful jerk yesterday, wasn't I?"

The reason for the self-defense destructive mechanism was that all of us were discussing some current subject in the public mind. The young lady does not read papers, magazines, or books, hence was in a fog. She felt lost, therefore exploded, thinking by turning the subject on something else she was "saving face" for her uneducated handicap.

We know a young man who knows almost less than nothing about his father's business. He is supposed to take it all over when his father passes on. He is no more capable of doing so — in fact, not as much so — than any employee in that organization. To cover up his deficiencies and inefficiencies, this chap struts about, now and then issues a glib statement which he picked up somewhere, giving the listener the impression he is all wise, all knowing, and very capable. His exterior front is a bluff, but it gets him by with those who do not know true facts. His bluff is his self-defense mechanism.

## CHAPTER 27

### The Story Of

#### HOOCHIE-KOOCHIE MUSCLE DANCERS

We were born in 1881. The Columbian World's Fair was in 1893. We were then twelve years old — the inquisitive and curious age.

We recall father taking our entire family to the fair. We walked down thru the streets of Cairo; saw the Egyptian Theater. Out in front, with his bally, was Little Egypt, doing a few wiggles. The bally said that was a sample. "Come inside, boys, and see the real show." Outside the girls wore skirts, wide bras, beads galore — enough to be decent. What went on inside, we knew not because father did not take us in.

What did go on inside, we never knew. A few years later, we started into practice. We became a professional man (?). As such, we did not dare be inquisitive, altho information did leak out that there was a burlesque show over on Perry Street, where shows of this kind were put on. We got sufficient courage to get together some of our patients, and go over. We saw just enough to want to see more, but we were afraid it might jeopardize our standing professionally in the community, so we stayed away.

Some years later — yes, many years — we visited Cairo. Each afternoon at the cocktail hour we would sit on the porch of Shephard's Hotel and watch the passing parade. There being three of us, it left one vacant seat. One day a Shiek of the desert asked if he might sit with us.

We ordered his drinks. This happened day after day. Eventually, he asked if there was anything he could do to return and reciprocate our favors. He suggested he had a tented city out on the Sahara, and asked that we be his guest some night. We accepted. We had tea in his city home in Mena, then on his racing camels went ten miles out to the tented city. We had a hot dinner, wild turkey, even to ice cream. At nine o'clock, he asked if we would like to see some of his dancing girls. After all these years of pent-up curious desire, would we like to see the real thing in its home setting? We accepted with eagerness.

Girl after girl, dancer after dancer, from 9:00 p. m. to 1:00 a. m., WITHOUT clothing. That was a night to be remembered. Incidents happened which cannot be repeated in print, but we got our fill of hoochie-koochie muscle dancers — the real thing, stripped.

Being human, we must confess we have seen many "strip-tease" dancers since, in burlesque theaters, private stags, clubs here and there, and other places — many of them — but none ever equaled the one night at Cairo.

We wish it were possible to go into detail, but it would be out of place here. Sometime, if occasion arises and we happen to be in a reminiscent mood, ask us and we might tell more. Until then, you will have to let your imagination act as a poor substitute.

## CHAPTER 28

### The Story Of

### ONE KID BEATING ANOTHER

Away back when, we took over father's defunct business, assumed his \$8,000 debts, when we were only eighteen years old. An incident occurred which left an indelible stain on our format of thinking in relation to justice or injustice of court procedures.

In those days, it must be remembered, we had this heavy debt over our head; we were struggling to get from under; we were young and striving, and a dollar was as large as a cart-wheel. The business was so run down that incoming dollars were as scarce as hen's teeth. All this by way of background which leads up to this story.

Our offices were on entire fourth floor of the then Ryan Block. Elevator brot our patients — few we had — up to that floor. On third floor, directly ahead of elevator, was an Osteopath's office. In those days, both osteopathy and Chiropractic were little known and people frequently confused one with other, for both were drugless methods.

Kid who ran elevator was son of the osteopath. Oftentimes, patients would get on elevator and ask for "Dr. Palmer" — meaning us. When elevator kid thot he could get away with it, he would stop at third floor, open gate, and say: "There is the doctor's office," pointing to his father's reception room door directly ahead.

One day a car full of people got on at main floor — we amongst them. Elevator kid did not see us get on with other passengers. One of the people asked for "Dr. Palmer's office." Kid stopped at third floor and directed them to his father's office. It was then we spoke up and told him he was mistaken; directed patient to remain and go up one more floor.

We took care of this case, then came back to elevator, pushed button, and when he came up we dragged him out of elevator and gave him beating of his life. We left him lying on floor unconscious. We took over and ran elevator until a substitute could be secured.

His father swore out a warrant for our arrest for "assault and battery." When hailed into police court, we admitted what we had done. We plead our own case, asking to be heard "WHY we did what we did." Court was not interested in reasons why. "Did we beat up the kid?" "Yes, we did." "\$10.00 and costs." We hated to part with that much money then.

We felt then, and still feel, if courts would investigate into REASONS WHY some things are done, there would be more justice and less injustice and less bitterness injected into minds of litigants.

As we look back now, any other person would have done what we did under circumstances. We were struggling to get from under huge debt we were carrying. This kid was stealing our business and selfishly directing it to his father's office. We had repeatedly reported the matter to landlord. He had repeatedly ignored issue and did nothing about it. We felt we were compelled to take matter into our own hands to rectify what we considered an injustice foisted upon us.

From time on, we have seen so many instances of where courts are not interested in learning backgrounds behind much that comes before them in a judicial sense. We feel they should investigate that angle and rule accordingly.

After this fracas took place, landlord did fire the kid, but by that time damage had been done and we were fined "\$10.00 and costs."



## CHAPTER 29

### The Story Of

### REMINISCENCES OF OUR FATHER

(A Continuation of The Story Of D. D. Palmer — His Life, Personality, and Peculiarities — Vol. xxiv, Palmer, 1950.)

At one time our father studied, practiced, and taught phrenology — study of human characteristics by shape and forms of human heads. We have a foto of him, on stage with charts, etc. Where it was taken, we have no idea. Stage is small, equipment meager. As we piece back thru years, we have a general idea that this set-up was in some hall in Iowa at or about time he was teaching school.

In later years he used to go to the head of a hemiplegic case and scratch a certain spot which he called "The Organ of Hope." It was located on top of head, about center, on side opposite to paralysis. If left side was paralyzed, he would press right side. He contended that one certain small spot was soft and tender. It is well known that hemiplegics are more or less despondent, morose, and break into crying spells easily. Father contended "Organ of Hope" was affected in such cases.

## CHAPTER 30

### The Story Of "A VACATION"

Change is rest. To get away from usual, to go see unusual, is a vacation to everybody. To many, it means rolling down the top of the desk, letting neighbor keep the canary, putting pet dog in a kennel, phoning paper to discontinue, stop milk deliveries, gas and grease car, and away they go with no thots, worries about anything at home. So far as they are concerned, office is non-existent, business is in hands of executives, they are going to loaf, "goin' fishin'," taking time to roll over highways and byways, sleeping till late morning, eating when and what they please. Then, when they get to where nobody knows them, go native — which means down to trunks, show as much hide as they dare yet be respectable, let sunshine tan them so when they return home, all will know they have been away. THAT may be a "vacation" to some folks, but it never was and possibly never will be such for us.

Our memory recalls innumerable invitations to come "be our guest, take possession of cottage; boat is yours; come whenever you want and stay as long as you wish; it's all yours with our compliments." Yes, we have a standing invitation to New Hampshire, back in the woods; a brewery man in Quebec has a hunting lodge north of Quebec which is ours any time; others in Vancouver, Washington, Oregon, California, Louisiana, Wisconsin, Arkansas, etc., will always welcome us. Some are owned by Chiropractors, others by patients who have been in our Clinic. One which we always wanted to accept is in Panama, back up in the mountains where you sit on back porch, catch trout, throwing them into kitchen for cooking — big fellows, too. Near by is an ancient burying ground of Aztecs. That is ONE place we WANT to go. It's a long ways there, and just as long back, but how we would like to make it.

So long as our work is cut out, so long as that work is incomplete, so long as there is much to be done, we cannot lay aside idle time to waste.

Here's what we try to do: go on "a vacation," sandwiching business part time, resting some, writing much, talking shop to those interested. It's a great life if you don't WAKEN.

Let us describe one such "vacation."

We left home, via motor, self and chauffeur, Sept. 20, 1950. First destination was Indianapolis, to visit George Rinier in Methodist Hospital before he passed away. He was with ICA as its National Counsel more than thirty years. Long hours, hard work took their toll. He passed away shortly after we saw him. We knew his time was short, and left instructions by wire to home, what to do if, as, and when. He was glad to see us, as we were to see him.

While in Indianapolis, we had a conference with Nelle and Clarence Aumann, D.'s C., talking shop.

Then to Louisville, Kentucky. Called and talked to Drs. Clarence Seubold, Striplin, and Murphy.

On to Mammoth Cave country, always seeking what's new, always our mind alert to new discoveries. This was old stamping ground of years ago. But that's a separate story, enlarged upon in this book.

At Chattanooga, we met Stanley and Mary Harold — a long-standing invitation which we finally got around to accepting. In afternoon, they took us to home of Mr. and Mrs. Lufton Patton, patent medicine people, Patton Hotel, and makers of "K" rations during war. Delightful visit, and gracious hosts. They were digging two wells in rear of their palatial home; one 300 feet deep for water coming up, other 100 feet for water going down, thus not emptying in same strata of earth. They were installing a new method and process of heating their home in winter and cooling it in summer, thru same radiator system, at a ridiculously low cost. It intrigued us. We secured address of firm in Indiana. They install same system for large commercial organizations. We shall go into it fully after we get home. Revolutionary? Yes, but we have NEVER been afraid of a NEW idea.

Had a full evening with Dr. and Mrs. C. S. Simmons at Nashville. They are the-salt-of-the-earth people.

Enroute, we made it a point to visit many and various radio stations, large and small, AM, FM, TV. After all, radio is a

young industry and is growing up with ideas. Nobody knows where one can and does pick ideas that are valuable, especially TV which is coming in when everything IS new and all are originating methods in infancy of its development. We received many ideas, and gave some to them. WSM-TV was one we visited. Being in radio business, it is one issue which takes some of our time when "on vacation."

At Atlanta, we talked with Drs. Lake, Taylor, and Stanford.

At Griffin, Georgia, we visited WKEV, and at Macon, WMAZ. Also visited Nelle Brower, D.C., who has a fine suite of offices in main building of the city. Was she surprised when we walked in! Called Col. Allen who, it will be remembered, is case of cancer of liver we have written in full and published in a pamphlet.

At Tifton, Georgia, station WWGS. Talked to Drs. Templeton, Smith, and Waddell. All these stops take time from our "vacation." In spite of this, we were glad to meet them and hope they were glad we stopped.

Then on into Florida where we hoped to find a nice, quiet, lonely, lovely spot where we could sun, rest, and write another book for issuance next year at Lyceum. Little did we think we would run into a convention where we were not scheduled to speak — but that's another story written separately.

Our first stop was St. Augustine where we again met Senator Fraser, owner of the Fountain of Youth. Some years ago we got him started at Radio Station WFOY. We found him building a new enterprise. We called on our dear friend Roberta Graham, D.C., who was ill in the hospital; still true-blue to our principles and practices. She was for many years our standby in St. Augustine. Later, Mrs. Fraser came to Miami Beach to visit us. While here we met and visited Mr. and Mrs. Ausbury, Mr. Fraser's right-hand in his enterprises. Delightful people. They were grand.

We "did" St. Augustine. We then stopped at Marineland. Originator of this massive undertaking was Count Leo Tolstoy, son of the famous Russian writer. We met him on one of our BJP-WOC Tours to Alaska, years ago. He remembered the incident as well as we. From that on, everything was ours at Marineland.

Folks who live in Florida wear civilian clothes and rarely get suntan. They avoid it as tho it were fire. We "damn yankees from up north," "snow birds," come down, and if we don't come home with a tan, folks wouldn't believe we had been to Florida.

At Daytona Beach, we visited our namesake, "PALMERA" Kabana, who has a fine practice just off Highway 1. When we remember back when she was a child, and now see her running a fine practice of her own, it makes us feel as tho we were creeping up on the long end of living.

Then to West Palm Beach to again visit Mrs. MacArthur, the wonderful wife of Pete, the story of whom we published in Volume xxii.

Betwixt and between appointments for luncheons, dinners, and callers, one must hang around meeting places, and this prevents one from doing what he would like to "on a vacation." It usually shoots every day full of holes, one way or another. We are not complaining, because we like it that way. It fills in time and makes us feel we are doing something that helps somebody be better or do better, or be a better Chiropractor than he would have been otherwise. There is somehow a feeling of inward satisfaction which creeps over one at night and lets him sleep peacefully with himself.

Here we also visited Dr. Charles Heiss and "Pal," Dr. and Mrs. Ploudre, and Dr. Josie Frasier — all regulars in their practices. We included radio station WMPO.

Back again to West Palm Beach to address the Chiropractors Association Public Meeting at Women's Club. This has been written as a separate story. Visited WIOD, an NBC station. Later, their twin towers were blown down in the hurricane which we missed by twenty-four hours, getting ahead of it, altho at the time we did not know it was coming. Innate had us scheduled safely.

At Miami, before the convention, we had visitors almost every evening. These included Zene Tozer, President of Florida Association, Louis Saunders, Walt Reynolds, Sr., Walt Reynolds, Jr., Dr. Dean Chance and his wife, and Dr. Robertson.

Hurricane which struck Miami followed up eastern coast, also hit Palm Beach. We got out twenty-four hours ahead of it,

headed for west coast for Ft. Meyers, where we had a delightful visit with Ed and Ruth Saunders.

Here are instructions issued, to be followed during a hurricane. They are interesting, and everybody follows them to the letter:

"This Is What to Do in Face of Storm

"These are standard operating procedures to be followed by all residents in the path of a hurricane in taking proper precautions for safeguarding life and property:

"1. Remain indoors during hurricane. Frequently there is a lull when the center of the storm passes and then the hurricane strikes with more force than before. Persons should not venture outdoors during the lull.

"2. Keep a window open a few inches on the leeward side of the storm. This is to equalize air pressure and prevent the bursting of windows and the danger therefrom.

"3. Remove all moveable articles about the house, such as lawn chairs, porch furnishings, garden implements, garbage cans, pails, to prevent them from blowing away and to prevent them from menacing other lives or property.

"4. Lay in a supply of provisions, especially canned goods, and foods that do not require cooking, since the storm may disrupt power service or break feeder lines.

"5. Draw plentiful supplies of water. Sterilize and fill bath tub and all available containers, since storm may contaminate water supply sources or cut off power for pumping water to your homes.

"6. Provide for emergency lighting, such as flashlights, candles, or lanterns. Power service often is disrupted for two or three days in the path of a severe storm.

"7. Avoid using telephone except in emergency. Lines of communication should be kept free for official messages, emergency calls and other essential purposes. Do not call your neighbors just to "see how you're getting along."

"8. As long as power service continues, keep your radio tuned to your local station for the latest advisories and official messages. Make certain you are listening to a local station and getting official local messages and warnings. Warnings coming over a distant station often do not apply to a local area and may only cause confusion when none is necessary.

"9. If your radio goes off, leave it turned on so that your service will resume again when power is restored.

"10. If you reside on an island or key or in a remote area, don't evacuate unless an official warning is given. Storm shelters will be set up and opened and warnings sounded in ample time to reach them.

"11. After the storm passes, don't venture out without caution. Power lines may be down, carrying heavy voltage. Other damage may create hazards. It is better to wait until official crews have surveyed the area and removed any dangerous obstacles before venturing out to survey the wake of the storm.

"12. Above all, remain calm during the storm and remain indoors, after taking the necessary precautions. Public officials and emergency committees set up for this purpose are taking every step necessary and unless you are in need yourself, you may only cause delays and confusion by trying to do anything yourself."

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At Ft. Meyers, we were invited to an evening dinner fit for any king, in "Playhouse" in back yard of gorgeous home of Mr. and Mrs. Kingston, great CB's of Saunders. Host and hostess did themselves proud — broiled steaks 'n everything with all trimmin's. We were told about the "mud hole" out in the gulf which is about seven fathoms deep. It grows vegetation on bottom which attracts small fish, which attracts large fish to eat small ones, which attracts sharks, so it has become famous as "the fishin' hole." From descriptions, it appears to be another big spring coming up from bed of ocean like one three miles off coast of St. Augustine. (See our story on CAVES AND WHERE THEY LEAD US, volume xxii, Palmer, 1949.) At times, there is a muddy flow of a brownish-blackish character.

We were shown thru Winter Home of Thomas A. Edison. It is just as he and Mrs. Edison left it. The home is simple; furniture as it was; his workshops are as he left them. It was here he worked out synthetic rubber from common universal goldenrod. What forcibly impressed us most was lack of pretension, lack of caring what others thot. The man was uninhibited and lived for his work alone. Next door to his home was a small modest frame house in which Henry Ford lived when here during winters. Mr. Edison was one of world's great men; he made work easy because of his universal uses of electricity; he made it possible to reproduce human voice in speech and music — in fact, his applications are too numerous to mention. Seeing his hearing aid device lying in his desk in his "office" of shop, reminded us that away back when, we were asked to see Mr. Edison re possibility of restoring his hearing. You will recall he was very deaf. We met him in his Menlo Park Lab in New Jersey. After talking with him — shouting into his ear — considering his age and severity of

his condition, and realizing we could not stay there nor would he come to our office, we decided effort would not be worth while. When we so stated to him, he characteristically said: "O.K., young man. Just think of all the *unpleasant* things I don't hear." It is such men who make the world a better place in which to live.

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And now for one spot we have been looking forward to with much interest — Sarasota, the home of winter quarters of THE GREATEST SHOW ON EARTH, place of the circus of America — RINGLING BROTHERS AND BARNUM AND BAILEY COMBINED CIRCUS.

Here, everything and everybody is circus-conscious. Ringling Boulevard, John Ringling Hotel, Ringling Bank, John and Mabel Ringling Home, Ringling Museum of Art, Ringling Circus Museum, Ringling Winter Quarters, etc.

We were taken thru the John Ringling Home. It is a reproduction of an old Italian Castle. On water's edge, massive, it is as they left it when they passed away.

Then to Circus Museum where we met John L. Sullivan with whom we had corresponded re THE TWO HEMISPHERES BAND WAGON we have at home. From then on, the town was ours, any time, anywhere, all the time. He closed shop and took us all around. We went out to winter quarters where we went into every building — upstairs, downstairs. We peeked into corners where public does not go, does not see. We saw inside of what makes circus tick. We saw everything — and we mean EVERYTHING.

Went back second day when Mr. Sullivan took us on a personally conducted tour of the crypts in basements of Ringling Museum of Art. We saw priceless objects of art which have never been placed on display, many thousands of items; rooms and rooms of them. This is another place VERY few people are shown. It is impossible to get in — but Mr. Sullivan did. After seeing these collections, we have learned to respect Mr. Ringling more. We are too prone to think of him as "the circus man." But back and behind that, he spent his circus-earned millions to perpetuate art for the public. To pass thru galleries of paintings upstairs is one thing; but to see endless galleries of



stored-away art in these basement crypts is a feast for the mind of ancient peoples who lived thousands of years ago. We again thank you, Mr. Sullivan, for making this possible. It is one of the outstanding highlights of this trip. We would rather go thru this museum than any other place here.

We visited Fred and Ella Bradna. He for many years was the equestrian director of the circus. We met them years ago in Davenport, which they remembered well. Ella was the graceful rider of those educated high school horses, who did a solo act in center ring. They are retired now and have a home here. Fred told the story of how he met Ella. She was riding a horse in a circus in Europe. She fell off horse, into lap of Fred who was sitting in a box. Fred fell in love, joined circus, and has been with it and Ella in circus life ever since. They are wonderful folks.

We also visited Mr. and Mrs. Fischer, giant and giantess of side show fame, who now have retired and own THE PIONEER MOTEL on Highway 41, north of Sarasota. They, too, are fine folks. Stop at their place if you ever motor that way.

It was back in 1943, the year of their disastrous fire, they played Davenport, in the baseball park. It rained all morning; ball park was one sea of mud. Afternoon performance was called off. Much of menagerie was not put on display. We had TWO HEMISPHERES BAND WAGON down on the ground for THEM to see. In afternoon, Robert Ringling, the Fischers, Doll Family, and many acts were sitting in grandstand, dejected, blue, and despondent, not knowing what to do. We sent Verne Link up home to get "a bottle" of good old-time, old-fashioned you-know-what. We gave it to these folks. We then all went over to side-show tent and there they had one warming up party. This the Fishers remembered.

This IS a circus town. Lots of old-time circus folks live here. In back yards you will see riggings of various kinds, children and grownups practicing, keeping in trim for next year. It is a circus atmosphere everywhere you turn — especially if you get behind things.

John Ringling was one great man — far greater than the average star-gazer understands. He was an artist and collector of arts of Europe, equalled only by W. Randolph Hearst. We think more of his brilliant accomplishments now than before, since we

saw what he had collected in his crypts, waiting for time to be put on display. Mr. Ringling is with us no more, but he will live here forever in minds of people. His estate was presented to the State of Florida. They are slowly but artistically taking everything and bringing it to the public for study. He was a showman, but he also was an artist of the first caliber.

In addition to those mentioned, we met Miss Murray, Publicity Director and Secretary to Mr. Austin, whom we also met. He is Educational Director for State of Florida in relation to these arts.

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So, with all this going on, we received big batches of mail from The PSC, ICA, as well as our personal mail — all to be studied, considered, answered. What do you mean, "vacation"?

Almost every evening Chiropractors would roll in. We would chew professional fat, fight mosquitoes, discuss problems, suggest solutions for several hours — and call it "a vacation." Higher up one goes, more responsibilities he must shoulder, which he cannot avoid. Try to hide and someone recognizes you, and from then on it's entertain and be entertained along the line.

Sunday afternoon, October 22nd, we entertained Chiropractors of Sarasota. What do we talk about? You'd be surprised. Most anything and everything that comes to their or our mind. At such gatherings, there are "regulars" and "irregulars"; those who practice CHIROPRACTIC and those who think they are doing more by doing less than that — the irregulars. It was generally agreed by all present that they hope, next year at Daytona Beach, there will be CHIROPRACTIC on the program. This year's program included X-ray for diagnosis, orthopedic surgery muscle stretching and pulling; medical exhibits — in fact, it was practically a physio-therapy and naturopathic convention. Same situation existed once in Wisconsin. Wisconsin had a two-day forced attendance requirement before license would be renewed. Ultimate purpose of this provision is that Chiropractic is a growing art, profession should be kept up with its growth by attending a CHIROPRACTIC convention each year. In Wisconsin, tho, instead of having a CHIROPRACTIC convention, with talks ON CHIROPRACTIC, they had everything else. CHIROPRACTORS rebelled at anything BUT Chiropractic in exhibits, speakers, etc.

They formed a separate and independent organization, defied the Association to force them to attend. They refused to attend. They did not pay annual renewal fee to the Association. Matter went into the courts and SUPREME COURT upheld their contention. Today they may or may not attend, as they choose. They pay their renewal fee direct to the Secretary of State. Court upheld their contention that UNLESS CONVENTION WAS HELD IN ACCORDANCE WITH INTENT OF LEGISLATURE IN GRANTING THIS AMENDMENT TO THEIR STATUTE, they did not need attend, and that provision in statute was declared unconstitutional. Unless Florida watches ITS step, something of the kind may come here. REGULARS will rebel against irregulars and State Association will be split wide open. This is another instance of where Nugent got it in the neck in Wisconsin with one of his warped and irrational twisted forms of thinking.

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At times it seemed like we were a two-man circus — play this town today, next town tomorrow. After all, question is still pertinent: "When is a vacation not a vacation?"

Last day in Sarasota was one of taking fotografs of John L. Sullivan and yours truly, in the Circus Museum. Our primary objective in securing THE TWO HEMISPHERE BAND WAGON was to preserve it for "kids" who have never seen a parade; who would never see such a wagon again. Story of how we got it, what we did to it to put it back into perfect condition, is told in our Souvenir Book on that subject. We built a fireproof housing to protect it against elements, fire, wind, etc. Now that we had it — what to do with it? Did it belong to us or did it rightfully belong to some more closely allied association? At time we secured this band chariot, there was no organization which made it a business to preserve circus lore, circus equipment, etc. When John Ringling deeded his home, his art museum, etc., to the State of Florida, they decided to establish THE AMERICAN MUSEUM OF THE CIRCUS. John L. Sullivan (no relation to the boxer of same name) was appointed director of that subsection of the State of Florida's interest. We decided to go to Sarasota, look-see, and if convinced that set-up was right, management efficient, and personnel sincere, we might donate THE TWO HEMISPHERES BAND WAGON and all our circus par-

aphernalia to them. We found the set-up ideal; we were convinced they did want to preserve relics of the circus. They have been securing anything and everything pertaining to circuses long before the days of Caesar, Rome — literature, books, posters, bills, and what have you. They have secured several wagons including Famous Five Graces.

We told them (Mr. Sullivan and Mr. Austin) that if, as, and when we got tired playing with this collection, we would see they got it. We went into a huddle and discussed all phases. They are to assume problem of transportation from Davenport to Sarasota; build a separate building to house the wagon; give proper and due credit to donor and let it be so known; building is to be an exact duplicate of one it is now in. This would include neon mobile sign on top, picture frames with everything including hand-carved Chase Mansion rail to protect it from vandals. For all this they were most highly delighted. In fact, it would be the greatest single exhibit they have and one most prized by all circus fans.

When this will take place is problematical and to be decided later. It won't be for another year or two, because the building would need be built so when wagon arrives it will be ready to move in.

We have never seen anyone more like a kid with most highly prized toy, than Mr. Sullivan. There wasn't enuf he could do to show his appreciation. After all, it was and is THE GREATEST GRANDEST MOST GLORIOUS PARADE SHOW WAGON EVER BUILT IN HISTORY OF ALL CIRCUS WAGONS; therefore, they are getting THE choicest thing they could add to their museum.

Being in Sarasota recalls to memory what happened some years ago — we prefer not remember how far back. One memory led to another — so here's that angle:

It goes to the days of Charlie Kindt, one of the most beloved, admired, and respected of our citizens of yesteryear. He was manager of the Burtis Theatre, built during Civil War days, back when the Kimball House was finest hotel between Chicago and the coast.

Charlie was a very outstanding character in theatrical world. The Burtis was best known, best patronized, most looked up to by show-folks. "To play The Burtis" was to road shows what "to play The Palace" of New York meant to vaudeville people. It was the outstanding theater, a real road-show house, back in the days when all great and near-great "played Davenport:" Robert Mantell, Walker Whiteside, Julia Marlowe, E. H. Sothern, Sarah Bernhardt, and entire string back in real show days when a show WAS a show.

Charlie Kindt was known from coast to coast as one of the great. Upstairs over theatre, lived Charlie and his family on second floor, front; on third floor front was a kitchen, dining room, where, after shows, all theatrical folks and certain hand-picked Davenport business men formed THE POCAHANTAS CLUB. It had no ritual, but it did have a select membership. Feeds fit for kings were put on. Liquor flowed freer than water, for in those days Davenport was a wide open city. Entertainers were brot in to entertain entertainers. Here, stories were told which could not be published. Shows were put on which no movie today would dare exhibit; all this till wee sma' hours of early morning. So great were these "parties" that echoes are still heard. Charlie was the host — a genial, lovable character.

Recalling our association with Charlie, we have been trying to locate a copy of a story he wrote for Davenport papers, recalling once when we climbed up outside fire escape, up over sloping roof of theater, climbed in under and up inside a big ventilator over center of theatre below, crawled in between roof and ceiling over to and down into "nigger heaven," waiting for the show that night. We took this means of sneaking in to avoid paying, even tho cost was only a quarter. It was risky. Had we fallen, it was a drop of about sixty feet inside.

One day Charlie caught us. He gave us a Mrs. Caudle's Curtain Lecture; and, believe you me, Charlie knew how. We were told to never do that again. Charlie was never mean, but he gave one that impression. His heart was big and he liked kids. "There is no sense in risking your life to see the show. Come to me and I will pass you in." We took him at his word, and ever after we saw all shows we wanted, without paying or sneaking in.

Hard times creeped on "legit" show business. Road shows more

or less stopped; not enuf of them came to pay to keep The Burtis open and going. The Burtis fell into financial difficulties. Charlie quit and moved to Sarasota. In conjunction with his son Roy and his son-in-law, he opened what we would now call a super grocery store in Sarasota. Being an old showman, loved by all, known everywhere, all show and circus folks bought from him; for showfolk, regardless of what else one may think of them, are clannish and they stick together. "Hey Rube!"

It was while this was a going and growing, prosperous business, he invited us to come to Sarasota and give **SELLING YOUR-SELF** to combined civic clubs of Sarasota — ladies' night. There were no planes in those days, so we took train down west coast — a Pullman, by gosh, no less — which was a luxury to us in those days. Several hundred were present.

At that time, the town was not in love with the circus, for they had but recently moved winter quarters from Baraboo, Wisconsin, and Bridgeport, Connecticut, after Ringling Brothers had bought Barnum and Bailey circus. Ringling Brothers were generally considered interlopers who would upset the quiet and peaceful nine-o'clock town, change its staid methods of living, bring the town down to level of a circus and thus into disrepute. They resented this invasion.

We spent a portion of our talk boosting and building Ringling Brothers, telling audience this would some day be the greatest asset they could get at no expense to them, and it would put their town on the map. We endeavored to sell them and their circus to this town. All we said then has come true since, as you can tell by our remarks about Sarasota now. There was a parallel comparison between what Sarasota was handing them, because at that time Davenport was handing us the same bitterness and opposition.

For reasons unknown, Charlie's grocery business eventually closed. It might have been age — for Charlie was a man when we were a kid; or he might have received a good offer and sold out. He returned to Davenport to retire, and passed away only a short while ago. He was one great guy.

That brings forth another memory. Back in those days Lee Grabbe was a barber and hairdresser in the 200 block on West Second Street. Lee loved to do up father's long hair which hung

to his waist. Lee Grabbe, Charlie Kindt, and a few others formulated THE JOLLY CORKS. This was about the time The Elks lodge was formed. Their meeting place was catty-corner from our office in Ryan Block, on third floor over what is now Hickey Brothers' Second and Brady store. At that time, it was Western Union office. Many have been the nights when they were raising hell with their hilarious initiations all night. Charlie Kindt was our first Exalted Ruler of Elks. He certainly was! He and a few others started Elks No. 298 here. THE JOLLY CORKS was then disbanded.

Chalie Kindt has passed to his reward. This was just one of his good deeds done for show folks. Sarasota possibly has forgotten Charlie Kindt, and also the incident recited, but it lingers in our memory.

'Tother day we were issued "Working Pass No. 5" "To Restricted Departments of the Circus," good any place, any time, by Wm. B. Antes and his adorable wife Eena, for services rendered to the circus and circus folks. We can come and go, when, where, how we please, all being in appreciation. We are an honored guest everywhere in Sarasota.

In two instances, so far, on this trip (we are now at Clearwater, Florida), we have run into situations that worried Chiropractors and baffled them — not knowing what was wrong or how to solve the issue.

1. A Chiropractor, male, said he was constantly suffering with indigestion, butterflies in stomach, general lassitude, mental and physical lack of pep, no energy, having to force himself to think or act. No matter what he did, he had been suffering for past two or three years—a constant condition. Being a sincere Chiropractor, using NCM and NCGH, believing Chiropractic principle and practice right, he has constantly checked himself, had adjustments from various and different Chiropractors, confining it to the specific. No matter what he did or how, or who did it, his condition continued without interruption, at times worse than others. He was beginning to lose confidence in himself—not in Chiropractic—wondering where fault lay and how to correct it.

Upon inquiry, we found he was taking his own spinographs without shielding himself. His condition was worse when he did

much X-ray work; it was some better when he did less. Here is what was happening: X-ray was penetrating thru his skin insulation, it being a greater invasionary force than his body could resist, hence it was acting as a blocking factor to his mental impulse supply to his body. We strongly urged him to get an all lead booth. Regardless of cost, it would be worth what it would save HIM in way of normal mental impulse supply. X-rays acted and reacted upon him similar to taking repeated doses of electric shock to his body. His nervous system would react to a blocking process, upsetting his normal functional activity. A solid leaded booth would be worth what it cost.

2. Another Chiropractor had a skin eruption. He, too, was an NCM and NCGH user. He, too, tried all manners of Chiropractic service — at times better, at others worse. Thinking it was an "allergy" (whatever that is), he tried various forms of diet to try and find what he was allergic to. He conferred with a "skin specialist" (whatever that is), who also said it was an allergy. He tried various salves and ointments, to no avail.

Upon inquiry, we found he made all X-ray exposures in his office, without any shielding against secondary rays which were burning his skin. In this case we suggested a solid square, top and bottom, leaded shield to screen out these rays. It will be interesting to note what future will show in these cases.

We have run into this situation before. It is not a vertebral subluxation interference. It is an external invasionary ray force beyond the capacity of Innate to overcome as fast as invaded.

Sunday, day of rest, set aside to sleep late, go to beach, loll around, read Sunday papers, and be lazy in general, especially when one is "on vacation."

Sunday, October 29th, 1950, was not that kind. Fred Stephan, D.C., Clearwater, Florida, invited in "that old gang of mine" Chiropractors from St. Petersburg, Bradenton, Clearwater — twenty-seven according to nose count. He invited them to his beautiful home. Marla is a gracious hostess and Fred is the essence of hospitality. We saw his fruits, his frog pond; he told us about scratching the buck's back.

We then retired to living room and, as usual, we were called upon to tell them things they ought to know, probably had



known but forgotten. We discussed malpractice, Wisconsin two-day forced attendance which was knocked out by Supreme Court because it was not "enforced" with clean hands in good faith. Michigan came in for explanations of what certain groups there tried to do and how the ICA took them to court and reversed their arbitrary and unreasonable rulings.

Then we got down to Chiropractic. We discussed it from many angles. Questions were asked — and answered. All said and done, not all present came with OUR understanding of solutions to professional problems, but all went away seriously thinking more than they had done at Miami Beach convention, which was a hodge-podge of anything but. All seemed to be pleased. Whether they agreed or disagreed was immaterial if they were started on the road of thinking deeper than they had heretofore.

After the talk — two hours — ice cream and cake were served, after which Fred and Marla and yours truly went to the Indian Rocks and had lobster with trimmin's.

It was a profitable day. We went to sleep feeling we had done our Boy Scout's good deed for the day.

When evening comes on "a vacation," one retires, reads, goes to a movie, maybe; or he talks to his neighbors in a motel where he is stopping. But us?

Last evening Fred Stephan called and told us a good story. We pass it on:

Adam and Eve were in the garden. Adam "stepped out" on Eve. He was gone three weeks. When he returned, following conversation took place:

Eve: Where have you been?      Adam: Nowhere!

Eve: Whom did you see?      Adam: Nobody!

Eve: What did you do?      Adam: Nothing!

Getting tired of being cross-examined, Adam fell into a sleep. Eve went over and counted his ribs!

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"Chiropractic's Fabulous B. J. Palmer  
Winds Up Visit Here.

"By Harry Prior, Sun Staff Writer

"The world's FOREMOST EXPONENT OF CHIROPRACTIC, the FABU-

LOUS B. J. PALMER of Davenport, Iowa, wheeled out of Clearwater yesterday in his BIG BLACK CADILLAC LIMOUSINE to continue on a leisure combination vacation-business tour of Florida.

"He visited here for eight days and is described by Dr. and Mrs. Fred W. Stephan of 916 Glenwood Avenue as 'THE MOST FASCINATING MAN WE'VE EVER MET.'

"Dr. Stephan, a Palmer Chiropractor and veteran practitioner of the medicineless healing art here for many years, was in a mental whirl at the marvelous tales Palmer spun during his brief sojourn in Clearwater.

"'It is almost incredible, the variety of subjects that man has delved into,' Dr. and Mrs. Stephan remarked yesterday.

"And anyone who chats for any length of time with 'B.J.', as he is most familiarly known, will be just as amazed as the Stephans. IT WOULD TAKE VOLUMES TO DESCRIBE THE ACTIVITIES of Palmer.

"B.J.'s main interest is his Chiropractic fountain head, the Palmer School of Chiropractic at Davenport. But besides this he runs FOUR OTHER MAJOR VENTURES, including radio station WOC at Davenport and WHO at Des Moines. WOC is the second oldest station on the air in the U.S. and also includes a television station, first video outlet in Iowa.

#### "From Poverty to Wealth

"Palmer is a brilliant, straight-thinking combination of philosopher, businessman, scientist, artist, and builder. From childhood poverty he rose to great wealth. His father, Daniel D. Palmer, founded Chiropractic in 1895. When the elder Palmer died in 1913, his son took over and developed the Palmer School into an international business. Today, Chiropractors practice in nearly every country on the globe.

"Palmer has fought a long, bitter battle with opponents of Chiropractic, chiefly the medical profession. He claims now that Chiropractic is becoming increasingly recognized as an effective system of healing and says that opposition in Davenport has almost entirely vanished.

"Basically, Chiropractic is a method of healing by adjustments to the body aimed at relieving nerve pressure in afflicted parts of body. Chiropractic treats the cause of illness instead of illness itself. No drugs are used.

"In addition to his Chiropractic ventures, Palmer indulges in so many hobbies that even his intimate associates sometimes wonder how he finds time to carry on these side activities. A collector of oriental and Egyptian art, the bearded, calm talking Palmer is also an authority on geology. He has visited all the major caves and volcanoes of the world.

#### "Finds Only Valley Here

"In Clearwater, he claims to have found the only actual valley in the state of Florida. He referred to the large depression out toward the Crest Lake area, where Cleveland Street junctions with Gulf-to-Bay Boulevard.

"'The bottom of that valley is below sea-level', Palmer explained. 'I have

found no other such valley in Florida.' Palmer contended that sometime in the far past there had been a huge cave underneath this valley. The ceiling collapsed and the ground dropped, thus forming the valley, he contends.

"Palmer also has an interesting theory about Florida's water supply. If true, Pinellas County need never worry about running low on water. Palmer said that contrary to popular theory, he cannot see how enough rain water falls on Florida to supply the thousands of gushing springs throughout the state; such as Silver Springs, where some 800,000,000 gallons flow daily.

"Palmer advances the belief that water flows to Florida through underground caves, coming from as far north as the Hudson Bay region in Canada. In other words, he illustrated, if the whole eastern seaboard of the United States should suddenly go dry, men could theoretically walk from Florida, or even from Cuba, all the way to Canada without seeing daylight. All they would have to do would be to trot through underground caves.

#### "Fascinated by Show Business

"Fascinated by circuses and carnivals, Palmer owns the greatest circus parade show-wagon ever built in the U.S. P. T. Barnum constructed it in 1895 and Palmer acquired it a few years ago. Palmer plans to present it to the Ringling Brothers and Barnum and Bailey circus museum at Sarasota when he 'gets tired of playing with it' — possibly next year.

"John L. Sullivan (no relation to the famous fighter), director of Ringling circus museum, was so elated at this news that he in turn caused Palmer to become elated himself, almost beyond words, by showing him something that Florida's general public knows nothing of.

"Sullivan took Palmer down into the 'crypts' below the Ringling Museum of Art at Sarasota, and there he showed Palmer the late John Ringling's private collection of art objects of all kinds from all over the world.

"I would roughly estimate this collection to be worth about \$15,000,000,' Palmer ventured. 'I was astounded to see it. I had no idea it existed. My respect for Ringling as an art connoisseur soared to a high niche.'

"Ringling's collection is not seen by the public because it is not set up for display, Palmer learned. The objects will gradually be brought forth in a long-range museum program."

(The Sun, Clearwater, Florida, November 3, 1950.)

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Following letter to Carl Sedlmayr, Sr., the Carnival King (whom we wrote about in our Volume xxiii) speaks for itself. We waited for them to arrive from their last Fair date at Shreveport, Louisiana:

Wednesday, Nov. 1, 1950.

Dear Carl:

Tuesday I called on Mr. Streidmer, Fair Secretary, and asked him if he had any knowledge when you would get in. He called ACL and reported

that 'first section would be in about 10:00 a.m. Wednesday, 2nd section about noon."

This morning I called ACL again and asked for later report. They then said "1st section about 2:45 p.m., 2nd section about 4:30 p.m." We went over and waited. About 4:00 p.m., we went to ACL offices in Tampa and asked for latest report. They said, "1st section about 7:00 p.m., 2nd section shortly after."

We hung around till 7:30 p.m. Then I figured, inasmuch as Mr. Streidmer said you always unloaded by winter quarters, and inasmuch as there were but two tracks both of which were hauling freights back and forth, you might side in the yard somewhere and come in Thursday morning and unload in daytime. I could not stay over because I had reservation out of Jacksonville on Flight 100 for Chicago, and had to go on to make it. Therefore, we are off tomorrow morning enroute for Jacksonville.

Sorry, yea very sorry, as I wanted to be the Reception Committee to welcome you back home to Tampa. Will see you next June at home. Had great visit at Sarasota with John L. Sullivan, Director of Circus Museum. He is another one of the princes of show business. YOU, however, are still THE KING.

Best regards to Mrs. Sedlmayr, Carl Jr., Mrs. Jr., and the youngster.

B.J.

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We were off next morning for a greater study of the water shed of Florida, which is one of the most intriguing research studies we have made for some time.

(This part taken out and added in this book to second section of The Story of CAVES AND WHERE THEY LEAD US.)

Enroute from Clearwater to Jacksonville, we visited Rainbow Springs. While here we had a fine chat with Gen. R. G. Althaus, the Manager. He invited us to address the Ocala Rotary Club following Monday, but by that time we would be flying home.

Spent a very profitable evening with C. W. Fambrough, D.C., and his lovely wife. We were off next morning for Jacksonville.

What do we do on "a vacation"? We study fish, simians, caves, springs, and then write what we think. We study professional problems, meet with a few of our sane, sensible, sound professional people at grass roots, and discuss with them our solutions at national levels as solved at The Chiropractic Fountain Head, as well as legal angles from International Chiropractors Association. We get their views, they get ours. Each of us hopes we

have helped the other. We know we have gotten much good from our contacts in Florida and other states we have passed thru.

We were motoring one evening, after dark. On one corner was a neon sign of a "chiropractor" which said "COLONIC IRRIGATION." Next to it was a church with its neon sign which said, "COME TO JESUS."

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Sunday, November 5th. This is approximately end of a two-month "vacation." All thru this trip we stopped at motels. We like them. Some are better than others. They are handy to car travel. Run in and out as you like. Some are equipped with "efficiencies," which means a small kitchen and dinette in bedroom; ice box, electric or gas stove, etc. It is economical when one stays a week or two, as we have done. Buy groceries, eat what you please, as you please. Hotels are downtown, streets crowded, parking difficult, garages add to expense. With bell-boy tips, etc., it all adds an additional burden which motels do not have.

This day we had a small but pleasant group in for a three-hour conference. All in all, our contacts on this trip have been most constructive. We hope those we contacted feel same way.

We flew Eastern Air Lines Constellation, Jacksonville to Chicago — 1200 miles, 4 hours — 300 miles per hour.

So that's the long and short of "a vacation" which brot us back home better than we left; refreshed, mentally invigorated, getting much information at grass roots we could not have secured any other way.

We felt we had earned a rest — a vacation, in fact. We started out with that good intention. It ended up by lecturing, talking to groups, writing; speaking dates, conferences, appointments with people, etc. We were invited out, and invited others in. It was luncheons here, dinners there, all of which were interesting, enjoyable. There was hardly a day when we were entirely free to do things WE wanted to do.

There is only one way WE can HAVE a vacation, and that is to go somewhere where we are not known, where they have never heard of "B.J.", where our last name has never been heard, where our speaking reputation has not gone ahead of us. Then

MAYBE we could get a rest, have peace, and forget hectic world which surrounds us, in which we live. Wouldn't it be nice if that COULD come to pass? It never has been that way, and possibly never will be. But then if we have earned the right, some day we will take one good long eternal rest with absolutely NOTHING to do. That will be heavenly.

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"Circus Museum Becoming Major  
Circusiana Repository  
"Most Famous of Circus Wagons  
To Go To Museum

"The largest and most famous circus wagon that ever was built will eventually become the property of the Museum of the American Circus. Announcement of that fact was made recently by Col. B. J. Palmer of Davenport, Iowa, when he visited Sarasota.

"The wagon, which Col. Palmer has indicated in his Will is to be added to the collection of the newest of the three Ringling Museums, is the Two Hemispheres. That's the glittering band wagon that used to dazzle all beholders with its glory as it careened along in parade, pulled by 40 horses. It weighs more than 10 tons, and is 27 feet long (35 if the tongue is included), eight and a half feet wide, and 12 feet high. Its most famous driver was Big Jake Posey, who used to gather all 72 pounds of reins into his hands, and drive for hours. Col. Palmer who has placed the wagon in a special building in Davenport, values it at \$50,000.

"There is a slight uncertainty about the exact year in which the Two Hemispheres was built, but the owner has photographs which seem to prove that it was built in 1896. It was ordered by James A. Bailey (half of the fabulous team of Barnum and Bailey), designed by Harry Ogden of Cincinnati, and constructed by the Sebastian Wagon Company of New York. Carvings were done by an exceedingly expert Italian craftsman, in the workshops of Spanger Brothers, Chicago, and the entire outer surface was covered with gold. It is said that Bailey paid \$40,000 for the Two Hemispheres. Col. Palmer reports that he himself has spent more than \$30,000 on its restoration.

"On each side of the enormous wagon is a hemisphere, with bas relief continents as the central figure, flanked by lions and bears four times normal size. Gold-leafed eagles support the red driver's seat, and life-sized wooden elephants hold up the rear. Along the sides are large coats-of-arms of many nations set in circles, and intricate wood carvings covered with gold. The circles, projecting at the top, conceal the lower part of the seats on which the band sat. Those circles made the whole wagon so high that, to make it possible to get the vehicle through even the largest door, each circle was cut horizontally across the middle, and the top half was put on after the wagon had been drawn inside. Col. Palmer had the upper halves of the circles fastened permanently into place.

"When Ringling Brothers (which had gathered the Barnum and Bailey combine into its fold) discontinued parades in the 1920's, the mighty wagon went to Robbins' Brothers Circus, for which it continued to lead parades until 1931. After that, it was permitted to deteriorate for several years, until a Des Moines circus fan, J. A. Wagner, purchased it and had it installed in the fair grounds of his home city. After his death, it went to Jake Terrell, the owner of the Cole Brothers Circus, and from him to Col. Palmer.

"All sorts of traditions and legends have grown up around the Two Hemispheres. Thousands of persons still remember seeing Jake Posey driving the 40 horses through the streets of cities and towns all over this country and in Europe, four abreast, 10 groups stretching out one beyond the other. Two men sat beside Posey on the driver's seat, one to gather up slack in the reins, the other to throw pebbles at the lead horses (way beyond the reach of a whip) when they didn't respond immediately to the voice.

"Going around corners was one of the most difficult tricks. As the leaders were nearly 80 feet from the wagon, it once happened in an English village that a bobby saw a mass of horses, apparently without a driver, dashing around a corner straight at him. He grabbed the leaders, and the result was a crash into the glass front of a nearby pub, with horses kicking and customers dashing hither and yon. The owner named his establishment the Forty-Horse Inn.

"Old timers say that Jake once drove for eight hours in a Paris parade, with only one stop to rest his actually not very large hands from the 72-pound reins, and that at the end of the drive he had to have his sleeves cut off, his arms were so swollen. Since that, circus fans say poor Jake hasn't been able to drive more than twelve horses at one time!

"The Two Hemispheres now stands in a small museum of its own, out in Davenport, Iowa, protected by a hand-carved solid oak railing, against which the owner has placed a series of old sunburst wagon wheels such as those that brighten the yard in the Museum of the American Circus. Col. Palmer announces that all the protective paraphernalia for the Two Hemispheres, including special flannel and canvas covers, and the railing, as well as various signs, and a large additional collection of important circusiana will come to Sarasota some day with the fabulous gold wagon. It's rumored that, because its immense height offers such difficulties in transportation, the old band wagon may be brought by boat down the Mississippi and across the Gulf of Mexico to Tampa.

"John L. Sullivan, curator of the Circus Museum, says he's thinking already about borrowing the elephants from circus headquarters to put it into place when it gets to Sarasota."

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"John Ringling gave two museums to the people of Florida. Now those people own three.

"The latest is the Museum of the American Circus, which was erected in the spring of 1948, on the estate where Ringling had built his palatial

Venetian-Gothic house and his famous Italian villa museum. The inspiration behind the third museum was of another memorial to the man whose life was spent with the circus, and who wove small pieces of illusion into a magic carpet on which millions rode to a world of fabulous unreality.

"Because the circus is a form of entertainment that was no longer new even during the Roman Empire, exhibits in what is known familiarly as the Circus Museum eventually will trace the history of the circus through the centuries to its culmination in the form we now know. Already, there are several models of famous indoor and outdoor arenas, parades and show-grounds. A perspective model of Astley's London Amphitheater of 1800, a Parisian indoor circus in a model made about 1900, wagons, animals, and performers in Barnum's first outdoor parade, of 1871, are already on view. And across the width of the rectangular gallery that forms the major part of the museum is a half-inch-scale model of Ringling Brothers and Barnum & Bailey's Greatest Show on Earth.

"So perfect in scale and detail is that representation of the big show out on the lot that both adult fans and children may be seen any day spending long, obviously delighted periods inspecting the big top and menagerie and sideshow tents with the correct number of poles, pulleys and guy ropes, the wagons that will carry poles and canvas, the animals tethered beneath canvas or on the simulated grass, and the small reproductions of human beings who represent the circus personnel and audience. The tent and accessories take down and pack away just as those of the real show do, and tiny lights show the interior of the menagerie tent with its cage wagons and animals. Circus music pours forth from the big top to give atmosphere.

"Six fine old parade wagons have been sent over from winter quarters on indefinite loan, and placed in and around the museum. Four stand in a tent-like portion that was built at the front of the rectangular gallery, to emphasize the circus atmosphere. The Two Jesters calliope, and the cage wagon are beside the building.

"VERY SOON, IT IS REPORTED, A SEVENTH—THE NOTED ELEPHANT WAGON—WILL BE ADDED. AND EVENTUALLY, IT IS ANNOUNCED, THE MUSEUM WILL FALL HEIR TO THE MOST FAMOUS CIRCUS WAGON EVER CREATED—THE TWO HEMISPHERES.

"Aerial apparatus and other paraphernalia is hung in the front portion of the museums, and small wagons, wheels and other colorful objects have been arranged out in what fans call the 'back yard'.

"In the rectangular gallery, besides the scale models, there are innumerable playbills of various kinds, many old lithographs, photographs of human oddities and other well known circus personnel, bits of magic apparatus once owned by famous 19th century magicians, and other similar types of circusiana.

"A back yard gallery contains additional hundreds of lithographs, scores of route books, some of which date back to the 1880's, and a great many large scrap books (lent by the press department of Ringling Brothers and Barnum and Bailey) containing clippings collected through the years. With



the aid of such material, it is possible to trace the history and itinerary of any act, and the career of any well known performer. Consequently, museum officials say increasing numbers of historical researchers, other writers and artists are making use of the facilities of the Museum of the American Circus, and the institution has already achieved an international reputation for its uniquely diversified and comprehensive collections."

(Sarasota (Florida) Herald-Tribune, November 19, 1950.)

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Allentown, Pa., Feb. 12, 1951.

"Dear Col. Palmer:

"Was very glad to get your interesting letter from Sarasota and I know you must be having a fine time in the 'Circus City'.

"You have decided wisely in eventually giving the 'Two Hemispheres' Bandwagon to the Museum in Sarasota. It is the most appropriate place in the U. S. for the grand old wagon.

"Some day I may do the same with my collection of models, posters, etc. My collection of old Barnum & Bailey and Forepaugh posters is one of the best in the country.

"I get a great deal of personal satisfaction, enjoyment, and comfort out of my 'Circus Room' which I would greatly miss were I to dispose of it now. However, it, too, should be at a place where the circus fans could see and appreciate it. John Sullivan visited me in the fall of 1949 and I never had a more enthusiastic and interested visitor. I gave him a copy of your 'Souvenir Book' to take along as he had never seen one before.

"Certainly your wagon will be the prize exhibit of all and it will be a fine memorial to your generosity and sentimental feeling for the greatest circus wagon of all time.

"It is most fortunate that a man like yourself got possession of this wagon or it might be a pile of decayed wood by this time.

"Have sent an item to the Billboard about your plans for the old wagon and I guess you'll have no objection to that. Many circus fans in the U.S. love the old wagon and are interested in anything pertaining to it.

"Hoping you and yours had a fine vacation and thanking you for your nice letter, I am

"Very sincerely yours,  
Bob Good.

"P.S. My best wishes and a big 'Hello' to John L. Sullivan and the same for Ed Kelly should you see him."

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"CIRCUS MUSEUM TO BE GIVEN  
BARNUM WAGON

"The most elaborately trimmed and decorated circus wagon ever constructed will have its final resting place in the Museum of the American

Circus, one of the three Ringling Museums here, it was announced today by Col. B. J. Palmer of Davenport, Iowa.

"Colonel Palmer, who owns the huge band wagon, told the board of directors of the Sarasota County Chamber of Commerce that the Two Hemispheres will have a fitting home in the Circus Museum.

"I have just concluded a most satisfactory series of talks with A. Everett Austin, director of the Ringling Museums and J. L. Sullivan, curator of the Circus Museum. The wagon will be delivered just as soon as the Board of Control consents to the erection of a fireproof annex to house the famous old wagon.'

"The Two Hemispheres was built by P. T. Barnum in 1896 and was later associated with the Ringling Bros. Circus. It is 28 feet long, 8½ feet wide, and 16 feet high. Forty horses were attached to the traces and when Bill Posey, veteran driver, was up in the high seat he held 70 pounds of leather reins in each hand, Colonel Palmer reminisced.

"It was shown in every important community in the United States and Canada and also did a European tour,' he said.

"Since then, Colonel Palmer has spent thousands of dollars restoring it and has built a special home for it in Iowa. 'It's in better shape now than at any time since the day it was delivered to Barnum,' the old circus man said."

(Sarasota Herald-Tribune, Feb. 8, 1951.)

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SARASOTA COUNTY CHAMBER OF COMMERCE

Sarasota, Florida, Feb. 13, 1951.

"Dear Col. Palmer:

"On behalf of the Board of Directors of the Sarasota County Chamber of Commerce, we wish to sincerely thank you for your generous offer in providing the Museum of the American Circus with P. T. Barnum's famous circus wagon 'The Two Hemispheres.'

"The Board, unanimous in its approval, realizes that your gesture came from a sincere desire to have this relic of a famous era in circus history on display along with the other objects of interest to circus fans.

"We shall devote every effort in urging the Museum of the American Circus to provide the facilities which you have requested.

For the Board,  
(Signed) William M. Wells  
Executive Secretary

WMW/pb

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Sarasota, Florida, Feb. 13, 1951.

"Board of Control  
Ringling Museum of Art  
North Tamiami Trail  
Sarasota, Florida.

"Gentlemen:

"As you know, Col. B. J. Palmer, of Davenport, Iowa, generously agreed

to present the Museum of the American Circus with the famed circus wagon, 'The Two Hemispheres,' owned by P. T. Barnum.

"Col. Palmer's only request was that suitable facilities be provided by the Museum to shelter the circus wagon.

"It is our hope that you will make every effort to cooperate with Col. Palmer in his request, so that this famed relic of the American Circus can be put on permanent display in Sarasota.

"If the Sarasota County Chamber of Commerce can assist you in any way, we would deem it a pleasure to have you call on us.

"For the Board,

(Signed) William M. Wells

Executive Secretary."

WMW/pb

cc — Col. B. J. Palmer.

#### "'HEMISPHERES' TO FLOAT AWAY

"Dr. B. J. Palmer Giving World's Largest Circus Wagon to Ringling Brothers Circus Museum.

"Davenport is going to lose a couple of hemispheres very soon, it was reported today.

"These aren't the usual kind of hemispheres in the geographical sense. They are, or rather, it is, 'Two Hemispheres,' the biggest circus wagon in captivity.

"This wagon, famed in the Americana annals of clowns and elephants and brass bands, is owned by Dr. B. J. Palmer, head of The Palmer School of Chiropractic. He constructed a building in which to display it to visitors.

"However, it has been reported that B.J., who originally acquired the wagon from Barnum & Bailey Circus, plans to give it to the Ringling Brothers Circus. The circus plans to install the giant wagon, which once bore gay bands and was pulled by 20 or more horses, in its museum in Sarasota, Florida.

"Plans call for the removal of 'Two Hemispheres' so named for the hemispheres painted on its sides, down the Mississippi river to New Orleans by barge and then by steamer to Sarasota."

(The Daily Times (Davenport, Iowa), March 1, 1951.)

#### "WILL TAKE PALMER CIRCUS WAGON TO FLORIDA IN 1952.

"The 'Two Hemispheres' circus wagon which Dr. B. J. Palmer has donated to the Ringling Bros. circus museum at Sarasota, Florida, will be sent there some time in 1952, after a building duplicating the one in which it is now housed on the Palmer School campus is constructed, Dr. Palmer said Friday. It will be taken to New Orleans on a river barge, and then to Florida on a steamer.

"I made arrangements with the museum management while in Florida recently,' Dr. Palmer explained."

(The Democrat and Leader, Davenport, Iowa, March 2, 1951.)

"HEMISPHERES WILL REMAIN FOR A YEAR

"It appeared certain today that all the king's horses and all the king's men won't pull the world's biggest circus wagon 'Two Hemispheres,' valued at more than \$100,000, out of Davenport until the summer of 1952.

"Removal of the wagon, by barge, steamship and truck, is contingent upon the erection in Sarasota, Florida, of a building to house the historic circus piece—a building duplicating the one located on the north edge of the campus of Palmer School of Chiropractic.

"Dr. B. J. Palmer, who returned last week from addressing the Sarasota Chamber of Commerce, reported that the future owner of the wagon, Ringling Bros. circus, has asked the Florida Board of Control for funds to put up the building.

"Kark Bickel, former Davenport, and now chairman of the Florida Board of Control, Department of Education, has pledged his support, Dr. Palmer said, and the building is regarded as a certainty.

"Dr. Palmer was instrumental in convincing Sarasota civic leaders many years ago to permit the circus to establish winter quarters there. He has been praised by the Sarasota Chamber of Commerce for his farsightedness in that action.

"In 1936, circus owner John Ringling died, leaving his home and an art museum to the state of Florida. Clear title was obtained by the state to the property in 1948 after a supreme court ruling.

"Another Davenport man, the late Charles Kindt, long a well-known theatrical manager, who spent his winters at Sarasota, also had a great part in locating the world-famous circus in Sarasota, Dr. Palmer revealed."

(The Daily Times, Davenport, Iowa, March 2, 1951.)

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The Sarasota (Florida) Herald-Tribune, Wednesday, May 23, 1951, had a large foto of the Two Hemispheres Band Wagon, and underneath the following statement:

"The greatest prize in circus antiques in the world—the internationally famous Two Hemispheres show wagon, largest ever built and requiring 40 horses to pull it—has been offered to the Museum of the American Circus in Sarasota. The gift, offered by Col. B. J. Palmer of Davenport, Iowa, would give the circus museum leadership in the world in circus antiques."

## CHAPTER 31

# The Story Of POSTURE WEEK — A PERFECT BACK CONTEST

### Modus Operandi

We have frequently been asked for a set-up for "Posture Week" or "Perfect Back Contest", to find there are no elements in contest which justify THAT title. What is held DOES justify title of "BEAUTIFUL Back Contest." Elements which go into PERFECT back contest are different from those found in a BEAUTIFUL back contest, but the perfect back is a beautiful back and body.

Chiropractic principle is that if there is no subluxation, no interference to mental impulse transmission between brain and body, then body will be healthy. A healthy body is ALWAYS beautiful. To search and seek for PERFECT back is to automatically find BEAUTIFUL back and body. A PERFECT back is a HEALTHY body. A PERFECT back INCLUDES a BEAUTIFUL back, but a BEAUTIFUL back may not (and often does not) include a PERFECT back — or body.

It is proper to conduct only a BEAUTIFUL back contest if any group desires. If it be the desire to pick the most BEAUTIFUL back, then standards by which such is judged would be different from those which would judge the PERFECT back.

A "Beautiful Back Contest" could be sponsored by ANY group of people — not necessarily Chiropractors. A "Perfect Back Contest" goes primarily and directly to root of Chiropractic. We are BACK specialists, hence should be competent to find that PERFECT back.

Average Chiropractic group conducting contests of this kind have lost sight of consistent Chiropractic hook-up that can be made between (1st) Chiropractic principle and practice, and (2) PERFECT back being a component element in its connection with net result of PERFECT HEALTH IN BODY IF CONTESTANT HAS A PERFECT BACK.

We recall one contest in which most BEAUTIFUL back was in contestant who was sickly and in general was carrying anything

but a beautiful body. We recall also, when acting as final judge for a PERFECT back contest, most perfect back went with a person who had taken adjustments, therefore not only had PERFECT back but was in MOST PERFECT HEALTH. Chiropractors have an opportunity to turn "Posture Week" and "Beautiful Back Contest" into "Perfect Back Contest" and make it CHIROPRACTIC DIRECT ADVERTISING CONTEST, without directly involving the Chiropractic question.

In conducting a "Perfect Back Contest" no regard should be paid to whether or not contestant has taken adjustments; but generally it can be proven that contestant who is judged with highest of a possible 300 per cent will be found to be that contestant who has most PERFECT HEALTH IN HER BODY, thus linking Chiropractic as a direct factor into the contest.

To seek a PERFECT back is to find one that has NO subluxation; NO interference to transmission. Hence, to FIND a PERFECT back is to look for NO subluxation, NO interference, using any and all measures as could (AND WOULD) prove those questions.

In judging standards for contests, each has its set of figures. If one is to judge for a BEAUTIFUL back, then scale below is sufficient:

- 15 per cent for carriage of spine in walking.
- 20 per cent for general form  $\left\{ \begin{array}{l} \text{standing} \\ \text{sitting} \end{array} \right.$
- 10 per cent for flexibility of motion of spine in bending forward, backward, and rotation.
- 15 per cent for normal curves — standing and sitting.
- 5 per cent for dimples — 2 on shoulders
- 5 per cent for dimples — 2 on hips.
- 10 per cent for texture, color, and solidity of skin.
- 10 per cent for freedom from blemishes.
- 10 per cent for concealment of bony projections.

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100 per cent

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If one is to judge a PERFECT back, then standard for a BEAUTIFUL back applies as one-third percentage. In addition, following should be added.

There are twenty-six vertebrae to be judged.

To judge a "subluxation" as an abstract question is to judge a misalignment AS PROVEN BY SPINOGRAPH. There is no other practical, complete, accurate, or scientific method at our command. And, so far as spinograph pictures are concerned, one misalignment is same as another, regardless of location; yet we do know there is a different relative value, as such, to and in relation with interferences to transmission; hence an atlas misalignment has a great destructive value to function, whereas a 9th dorsal misalignment has not.

We suggest, then, following scale by which to judge vertebral MISALIGNMENTS, based on scale of 100 per cent:

7 cervical	47 per cent
12 dorsal	35 per cent
5 lumbar	13 per cent
Sac. & Coc.	5 per cent

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100 per cent

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Atlas	10	1st Dorsal	2	1st Lumbar	2
Axis	9	2nd	2	2nd	3
3rd C	5	3rd	2	3rd	5
4th C	8	4th	4	4th	2
5th C	3	5th	2	5th	1
6th C	6	6th	4		—
7th C	6	7th	2		13
	—	8th	2		
	47	9th	2		
		10th	3		
		11th	4		
		12th	6		
			—		
			35		

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In a "Perfect Back Contest" we would advise complete set of spinographs be taken of each contestant, several days or weeks in advance. These films should be carefully read and checked as against MISALIGNMENTS, each such misalignment to be scaled according to standard herein set.

Knowing, as we do, there can be misalignments of vertebral segments which do NOT interfere with transmission of mental impulses, this condition now requires that we check our misalignments against possible interferences.

Example: Suppose contestant had 8 misalignments as revealed by spinograph. By checking with neurocalometer which reads interference, it is found that atlas alone checked out all other readings made in spine. What relative and comparative value has this single atlas interference, as a causative factor, against all other misalignments which we prove are a result of it? What is relative value of all minors to one major — atlas — or one cause to all effects?

Inasmuch as relative INTERFERENCE value is based on relative MISALIGNMENT value, we would establish same scale, as follows:

7 cervical	47 per cent
12 dorsal	35 per cent
5 lumbar	13 per cent
Sac. & Coc.	5 per cent

---

100 per cent

---

Atlas	10	1st Dorsal	2	1st Lumbar	2
Axis	9	2nd	2	2nd	3
3rd C	5	3rd	2	3rd	5
4th C	8	4th	4	4th	2
5th C	3	5th	2	5th	1
6th C	6	6th	4		—
7th C	6	7th	2		13
	—	8th	2		
	47	9th	2		
		10th	3		
		11th	4		
		12th	6		
			—		
			35		

---

To make this contest scientific and specific, and judging contest for PERFECT back, a neurocalometer or other scientific regis-



tering instrument should be carefully and accurately used to prove interferences. Each contestant should be taken in turn, read, and checked carefully, either at time spinographs are made or some other time. It need not be necessary for same person to judge all three standards.

Now let us go back to possible three conditions by which to judge INTERFERENCE standards.

First can judge the 100 per cent BEAUTIFUL back standard; second can judge 100 per cent spinograph standard of readings; third can judge 100 per cent neurocalometer readings. Three records can be kept and compiled with ultimate result based on best possible rating out of the 300 per cent final standard.

Examples:

First contestant has atlas, 4th C, 7th C, 3rd D, 6th D, 9th D, 12th D, and 3rd L misalignments. Add these and you total 43 points against a PERFECT back. If each of these should prove a local, sum total would indicate how far that BACK AND BODY are from being PERFECT.

Second contestant has same break readings IN SAME LOCALITIES, and atlas checked all out; atlas proving to be major of 7 minor readings. Then atlas still holds same relative value, and atlas would be checked off as a possible 43 points against a PERFECT BACK interfering with a PERFECT BODY, to same comparative organs to same extent.

In a "Perfect Back Contest" we have THREE ways to judge, with a possible 300 per cent for a PERFECT back:

100 per cent for BEAUTIFUL back standards

100 per cent for PERFECT back misalignment standard

100 per cent for PERFECT back interference standard.

That contestant winning highest of these three standards would be judged to have MOST PERFECT BACK.

To conduct a BEAUTIFUL back contest requires little time, thot, or labor. One person could judge fifty contestants in an afternoon and make his public announcement that evening.

To conduct a PERFECT back contest requires days or weeks of preparation. Contestants must have appointments with Chiropractor, so there will be no interference with his regular office and outside calls.

It won't take long to cull defective backs, curvatures, raised hips, tipped pelves, etc. That will automatically eliminate them. Others require going into second and third steps—taking of spinographs and having resistance-to-interference readings. Should several contestants run approximately close, you might want to recall them for more study.

We suggest a Board of Judges of not less than three Chiropractors be appointed: one to be a student of art and beauty and form of female figure, to pass upon the BEAUTIFUL; second to be a spinographer who can take pictures, read them, and judge them; third to be a neurocalometer technician who is competent, sincere, honest, and who will render full service to each contestant, with a conscientious intent to gain necessary information to fully rate comparative values of perfectness of backs he examines.

## CHAPTER 32

### The Story Of B.J.'s HOME AWAY FROM "HOME"

People of Davenport and those in our profession think of "B.J.'s home" at top of Brady Street Hill.

Have you, too, thot of a home you wanted, next to your business, as the one on Top of Brady Hill, for which we borrowed the first payment of \$5,000 from the bank, on our one signature alone, based on the integrity of that signature alone, paying it off month by month out of monthly salary of one man alone; finally paying off the mortgage from that monthly salary, modernizing the place inside and out, building an addition for servants' quarters, from that salary also, eventually building the most unique huge porch all around the outside and front of the old homestead, adding a solarium, green house, A LITTLE BIT O' HEAVEN — and paying for all of it out of one salary, month by month?

Little do the people of Davenport know, and the profession has no conception that this is NOT B.J.'s home, even though bought and paid for by one man. It was taken away from him without his knowledge, given to others without his consent, he being permitted to live in it only as long as he shall live. It was willed to others to whom it will belong when he passes on.

But this is a tale of B.J.'S HOME AWAY FROM "HOME".

In April, 1951, B.J. bought a home in Sarasota, Florida. It is HIS, ALL his, which nobody can take away, give away, will away; nor can it be taken from under him. It is a roof over his head that belongs to him and to no other, and is HIS to dispose of as HE sees fit.

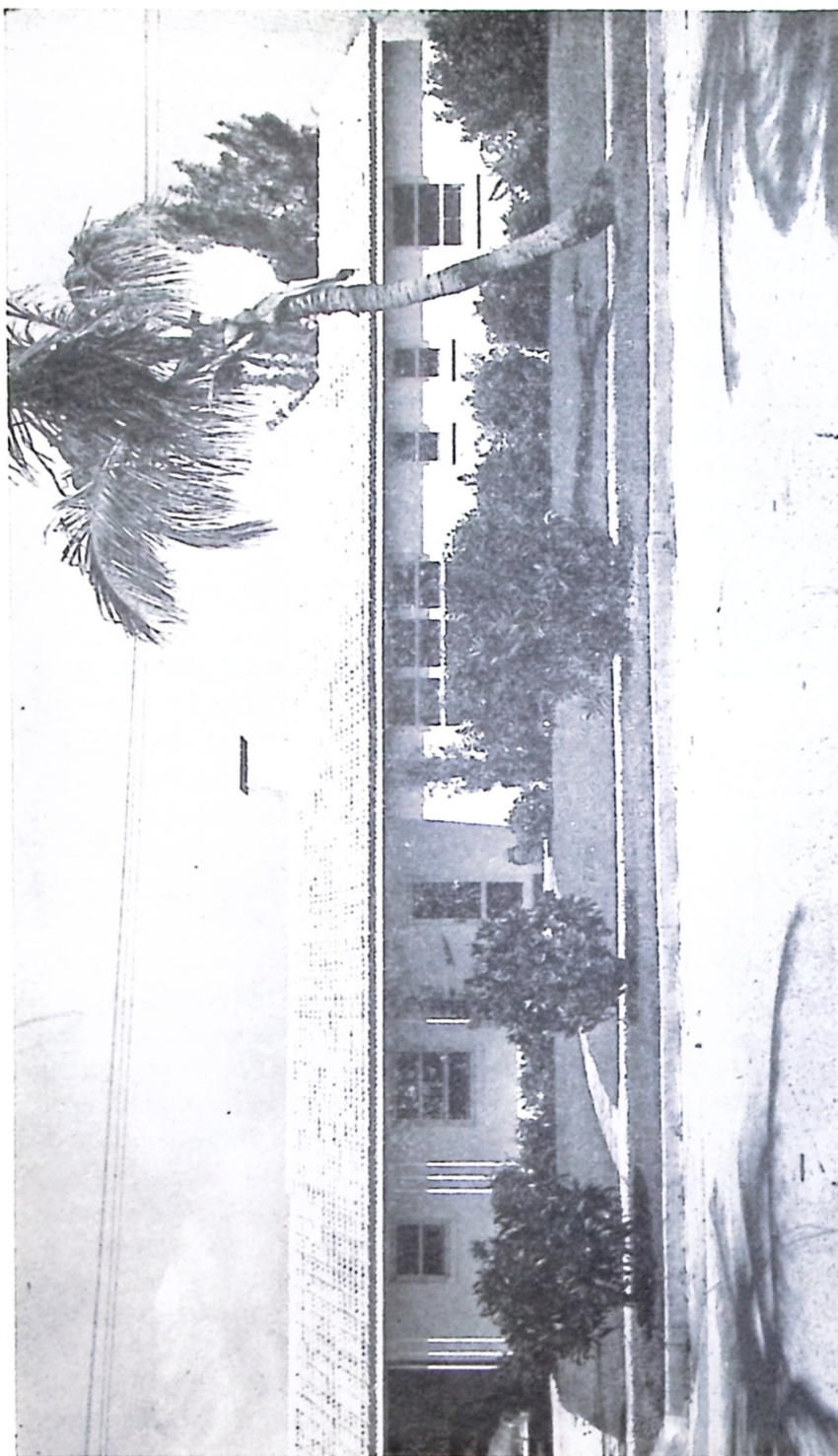
It is located on St. Armand's Key (island, to you), about one-quarter mile from Lido Beach, facing the bay just off the Gulf of Mexico. It is built of concrete block, has three bedrooms, three baths, large living room with fireplace, dining rooms, kitchen, enclosed porch, sun deck, private well, 600 feet deep. There is a large window facing bay, private seawall, private bathing beach, reinforced pier for boats. Good fishing in front of patio. Home was built three years ago and is modern in EVERY respect.

We shall spend part of our winters there, writing, thinking, studying, and retrospecting over a past busy life spent as best we knew how.

At other times of the year when we are not there, a housekeeper will be, and two bedrooms will be for rent on a weekly basis, subject to vacating if, as, and when we decide to be there. It is a private home, privately located, modern conveniences, a delightful spot for certain types of people who want deluxe accommodations at prices consistent with Florida rates; who want swimming, fishing, sun-roof, etc. If interested in such accommodations, arrangements may be made with the housekeeper who lives on the premises the year round. Look for the big, well-known, characteristic, best-known initials in the world, "B.J." on the side wall next to the entrance door.

If, sometime in years to come, we decide to retire, here is where we will go.

Visitors? You will be welcome when we are "At home."



B.J.'S HOME AWAY FROM "HOME."  
Front View Looking from Driveway.



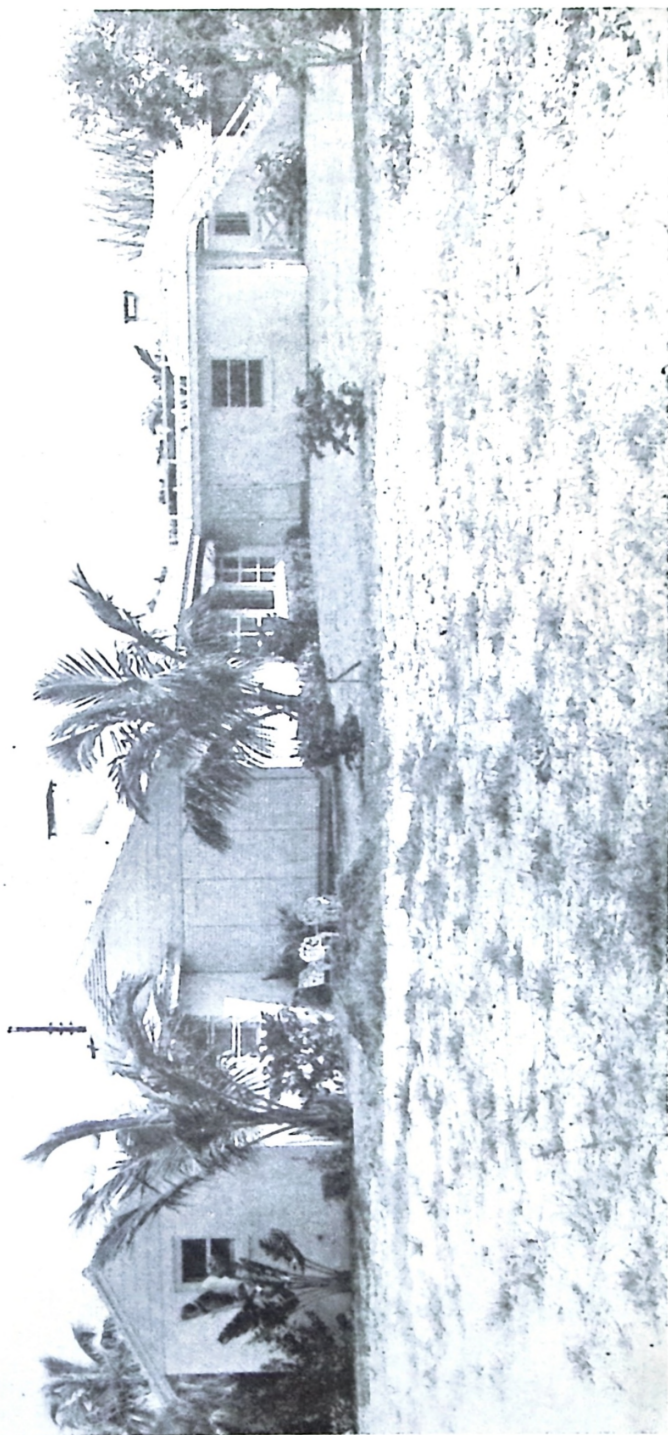


B.J.'S HOME AWAY FROM "HOME."  
Front View Looking from Driveway, from North toward South. Autoport at Left End.



B.J.'S HOME AWAY FROM "HOME."  
Front View Showing Full Length from North to South.





B.J.'S HOME AWAY FROM "HOME."

Looking from North, Oceanside. Bedroom at Left. Porch with Jalousies. Windows in Living Room. Breezeway in Indented Corner. Third Bedroom at Far Right. Stairs Leading to Sundeck.





Front Lawn Facing Gulf Bay, with Seawall. Gulf of Mexico at Far Right.



Front Lawn with Private Bathing Beach. Boat Dock on Left. Oyster Beds Have Been Planted under Boat Dock.

## CHAPTER 33

### The Story Of MOST EXPENSIVE HAIR CUT IN HISTORY

As so many of our friends will remember, and as hundreds of thousands will vividly recall, we delivered our SELLING YOURSELF talk more than 5,000 times in almost every city of note, many countries of the world, before every imaginable club, sales organization, and convention.

To sell OURself, we wore long hair, below shoulders, and also wore a big, flaring, Windsor tie of black silk crepe, hand embroidered by the Carmelite Sisters in Davenport. This set us apart FROM the mob, not A PART of it. We have reprinted SELLING YOURSELF in Vol. xxiii, UP FROM BELOW THE BOTTOM, Palmer, 1950. In there you find many joking references to our long-hair appearance, etc.

While still a young man, long before we were raised as a Mason or were permitted to be one, John Hageboeck — himself a Mason and a Shriner — jokingly said (after we had tried several times and had been rejected equally as many times): “B.J., if you ever become a Shriner, can we cut your hair?” Believing that time would be a long way off, if not actually impossible, we agreed: “If we are ever permitted to become a Shriner, you can cut our hair as short as you please!”

The Shrine ceremonial was held at Iowa City, Iowa. Ballotting on candidates was done early in the afternoon. To protect our name from being ballotted AGAINST, our name was mumbled-jumbled off with many others so none understood who any were. All were voted by acclamation. We were told to be ready. We were in hiding in a room at the hotel.

The ceremonial was held that night in the State University gymnasium. There were 5,000 Shriners present, including the then Governor of Iowa. Everything went according to schedule. Every one but us went thru his paces. We sat on the sidelines taking in the proceedings. When all were thru, there was hauled to the center of the floor a platform on which was a barber's chair. A Shriner barber was ready. We were escorted to the chair. The Potentate raised his hand for silence. He said, “All

in favor of giving this candidate a hair cut say 'T.' A tremendous shout went up. The barber proceeded to what we at first thot would be a fake haircut. Putting our hand behind our head, we soon found he was not fooling. He WAS cutting our hair. Jokingly, we said, "Be sure to do a good job while you're at it!" He replied, "Don't kid yourself; I will!" When he got thru, there never was a billiard ball more devoid of hair than OUR head.

When he finished, realizing he had done a GOOD job, we stood up and said, "Everybody in favor of us tipping this barber \$1, say 'T.'" Up went a tremendous thunderous applause for being such a good sport and taking it in sportsmanship manner. Today, that barber has that dollar bill framed, hanging on the wall of his shop in Cedar Rapids, Iowa, properly describing the event.

We call it THE MOST EXPENSIVE HAIR CUT IN HISTORY because it cost us \$75 for the opportunity of GETTING a hair cut, and \$1 tip — or \$76 for a hair cut.

Later that evening, John Hageboeck asked if we remembered the promise he exacted of us if we ever became a Shriner. We had forgotten it, but HE remembered it.

The chick that laid the egg came home to roost.



## CHAPTER 34

### The Story Of B.J. AND SURGERY

In another book and another story, we have written about the mental and physical conflict about going to war, shooting and killing men, after we had spent a lifetime SAVING and PRO-LONGING human lives.

This is a story of a conflict between a lifetime spent developing, protecting, and preserving the purity of Chiropractic principle and practice for posterity, opposing medicine to cure disease and surgery to cut out unnecessary pathologies, and how we were compelled to face an issue over which we had no control.

This is written for those who could or would misunderstand; and for those who would deliberately and maliciously misrepresent facts. It were better to tell the story as it happened.

For past five years we have been up and down — some days on top of the pile, other days at the very bottom, all the time forcing our mind to direct our body to do its work day after day under great strain, pain, and conflicting conditions, when seemingly we had no will to go on or keep on with the job.

A few years ago, there was a trip to Toronto, when Herb Hender went along to care for our welfare. From Toronto, we took a sleeper for New York. Nobody will ever know the struggle and how we forced the issue to speak in Toronto. It was an important meeting for those Chiropractors. Herb and we stayed in adjoining rooms, to keep away from everybody until we had to go on. The gang did not know we were suffering, so they came in, just the same. Left that night for New York, where we spoke next at the St. George ballroom, in Brooklyn. We stopped at Hotel New Yorker. Got a private car to drive us over. Some of the boys were good enough to provide a room for us until just before we went on. Dr. Farber and others formed a gauntlet from the hall to the platform, and immediately formed the same when we were thru. They escorted us as tho we were a prisoner, to our car. We should have cancelled those dates, but we refused to give up. Few people knew then how we suffered.

We had other dates from then to now, which we made hoping against hope we could keep — New Hampshire, for example.

Herb forced us to cancel, and other PSC speakers substituted at the eleventh hour. We got so we were not dependable on dates, even to ourself.

We recall two different occasions when we were "on vacation" in Florida, once in Palm Beach and once in Sarasota, when we phoned home for Nip Quigley to come. We were suffering and needed help. He gave relief with adjustment, but nothing permanent. On another occasion we were in Florida and we phoned Mrs. Harkins to fly down from New York. On another occasion, we were in New York. Mrs. Harkins had gone to visit her mother in Philadelphia, but fortunately had left her phone number. At midnight, we phoned her to come. She stayed with us forty-eight hours, giving temporary relief. These kindnesses of dear loving friends will always be remembered.

At home, regardless of what was done, we were up and down — some days feeling fine, other days suffering extreme pain. What WAS wrong? Herb and Nip thot it was ulcers in intestine. It had all the symptoms. At other times, without telling us, they were suspicious of cancer of intestines.

In February, 1951, we went to Florida. Stayed there five weeks. We flew home — and that is when all came to a head. Meanwhile, for five years we had been vomiting wash basins full — sometimes once, sometimes two or three times a day. We were losing weight, losing strength, notwithstanding our mind was clear and in perfect working order.

Upon arriving home, everything stopped. We could not urinate, could not defecate, began vomiting every twenty minutes for forty-eight hours, suffering excruciating pain. Urine was backing up into our system. Uremic poisoning was setting in. At this rate, it was but a question of ten to twelve hours when we would go into coma and pass out. We walked the floor with most agonizing pain, hour after hour, day after day.

Finally came the night we will always remember. Herb and Nip were present. We were all at our wits' end. What to do? We had tried everything WE knew.

In desperation, Herb said to us: "You are in no condition to decide what to do. I am going to take full charge from here on in. I am going to assume full and sole responsibility for what I am going to do." And, turning to our nurse, he said: "From here on, if there be criticism for what is going to be done, heap

it onto me, for something MUST be done to save this human life. B.J. is worth more to us alive than dead."

He called in Dr. Hurevitz, a local medical diagnostician. In five minutes, he said, "What we have here is an immense dilation of the bladder. It is distended to the size of a small balloon, on right side. It is so large and tight that it is squeezing on the prostate and urine cannot get thru; it is pressing on the rectum so faeces cannot get thru. We will insert a catheter and draw off this urine — one glassful per hour. More than that, too rapidly, would collapse the kidneys and that would be dangerous." He drew off one glassful, and we gained INSTANT relief; in another hour, another glass; and so it continued thruout the night. For the first time, we got relief and fell asleep.

What IS a diverticulum of the bladder? It is a herniated portion of the wall, blown up and filled with urine. Its size choked off everything forward, and backed up everything backward.

Dr. Hurevitz then said to all of us: "This is a case for surgery. We can send you to Mayo's, State University of Iowa Hospital, or you can go to Davenport Mercy Hospital. Which do you prefer?" All our life we faced issues clean-cut. We did so now. We decided to go to Mercy Hospital. Dr. Hurevitz called for us next morning at 8:00, took us to Mercy, where we were met by a Sister with a wheel chair and taken to a private room with bath, telephone, etc.

That afternoon we were given a cystoscopic examination and X-rays were taken of the bladder and its diverticulum.

Copy of reports from Diagnostician and Surgeon:

"Mercy Hospital

"Palmer, Dr. B. J.

Age:70

"Davenport, Iowa

Re: Dr. Hurevitz

"CYSTOSCOPY: March 9, 1951.

"A Pentathol Sodium anesthetic was administered by Dr. T. W. McMeans.

"The No. 21 Brown-Buerger cystoscope was easily introduced. Examination of the bladder shows a patchy type of cystitis and two diverticula openings at the base of the bladder just proximal to the interureteric ridge. They both are about 1 cm in diameter. There were no stones or tumors seen. The prostate does not project intravesically but the median lobe is obstructing.

"The A.P. cystogram shows a diverticulum on the right which is larger than the bladder. On the semi-lateral view, the diverticulum is posterior.

"DIAGNOSIS: Hypertrophy of the prostate.  
Vesical diverticulum.

"M. M. Benfer, M.D."

"Mercy Hospital

"Palmer, Dr. B. J.

Age: 70

"Davenport, Iowa.

Re: Dr. H. M. Hurevitz

"PROSTATIC RESECTION: March 12, 1951.

"A Pentathol Sodium, Nitrous Oxide anesthetic was administered by Dr. T. W. McMeans.

"The No. 28 McCarthy resectoscope was readily introduced. There is a fairly large diverticulum opening just proximal to the interureteric ridge on the right side. The beak of the resectoscope sheath was introduced into it and considerable foul smelling infected urine washed from the diverticulum. A careful inspection of the diverticulum reveals no stones or tumors. At the six o'clock position, three bites of tissue was removed from the neck of the diverticulum. The prostatic urethra and bladder neck was then carefully examined with the retrospective lens and the obstructing portion of the prostate was found to be confined to intraurethral encroachment of the lateral lobes. About thirty grams of prostatic tissue was removed with minimal bleeding.

"The washings were only slightly blood tinged after the introduction of the No. 22 Foley-Alcock two-way irrigating catheter.

"M. M. Benfer, M.D."

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"March 15, 1951.

"Dr. David Palmer,

"Box 525,

"Naples, Florida.

"Dear Dave:

"Your Dad is progressing very satisfactorily. Dr. M. Benfer did a transurethral resection of his prostate on March 12th. He got along very satisfactorily. Dad is still in the hospital. I have every reason to believe he will be able to urinate satisfactorily after the operative area has healed. If all goes well he should be out of the hospital within the next two or three days.

"I would like to give you a little summary of the situation: Dr. Quigley called me to see Dad on the 1st of March because he was having very severe abdominal distention. This had been present for several days. He has apparently had some urinary difficulty off and on for a long time.

"On examination, it was obvious that his symptoms were due to an obstruction at the neck of the bladder. His bladder was greatly distended with urine. After catheterization, with removal of a small amount of urine at a time over a period of twenty-four hours, his symptoms were entirely relieved. However, the obstruction remained and he was unable to void without the use of a catheter.



On the 8th of March, Dad consented to go into the hospital so that we could determine the cause of the bladder obstruction. Dr. Benfer performed a cystoscopic examination on the 9th of March and found enlargement of the prostate gland along with a large diverticulum or herniation of the bladder which apparently resulted from pressure of the urine within the bladder. Within the diverticulum there was quite a considerable amount of pus due to the inability to empty.

"Dad also gave me the history of his recurrent attacks of upper abdominal discomfort and vomiting which he has had for several years. I was naturally anxious to get some X-ray studies of his gastrointestinal tract but Dad does not wish to have this done. I am hoping that improvement in the drainage of his bladder may improve also his recurrent abdominal symptoms. I still feel that we should have X-rays of his stomach but Dad may consent to this procedure later if he continues to have symptoms.

"Very sincerely yours,

"H. M. Hurevitz, M.D."

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The condition WAS PROVEN TO BE PRENATAL OR CON-  
GENITAL, and we never knew it was there. As age crept up, it gradually kept enlarging, filling up, and the opening between bladder and diverticulum kept closing tighter and tighter until it finally closed entirely.

Dr. Benfer, a local Urologist with an international reputation, performed the examination. On the following Monday, Dr. Benfer went in thru the urethra and slit the closed opening of the diverticulum. We were taken back to our room, kept under drainage for four days, then under normal catheter urination for four more days, then were dismissed to go home.

For fifty years we had built up in our mind a horror of surgery. It took no little courage to reverse this in one hour and have it done within the week. There was NOTHING ELSE TO DO. It was NOT a dis-ease or a pathology; *it was a prenatal condition* over which our Innate had nothing to do. We took THE ONLY way out — to live. We met the issue of refusing to try to hide the fact. We had the work done in Davenport, where it became common talk at The P.S.C. Needless to say, we had our apprehensions the morning of the cystoscopic examination and the day of the operation. All we saw of the hospital those two days was the ceiling as we were wheeled to the operating rooms.

Next we knew, we were back in bed in our room, surrounded by loving friends, doctors, and our nurse.

Our two doctors — Hurevitz and Benfer — said we were a man of thirty-five. Heart was normal. Pulse beat 72 to 80 at all times, even before and after surgery. Temperature was at all times 98.6. Hemoglobin was 102. Our recovery was "ahead of schedule." We suffered NO pain at any time — little or great — which was acknowledged to be "very unusual in such cases."

Altho no publicity was given our going or coming, our hospital room was FILLED with bouquets all the time. Sisters came in daily; nurses ran in to see our TV set (we had three special nurses — one for every eight hours of the day); everybody was kind, thotful. We had visitors ALL day long, every day, sometimes as many as fifteen in one day. They were always welcome and we were glad to see them. Some of our students' wives who are nurses in the hospital came in daily to check.

Little did many know, at the ICA banquet on Saturday evening before Lyceum, 1950, that it was all we could do to screw up our courage to get there. It will be remembered, however, that as soon as we appeared on the program we ducked back home, to continue suffering. It will also be remembered that Sunday night we gave the keynote talk at Lyceum, and we never felt peppier or better in our life — not only that night but all thru the week — but when the week was over we went back to suffering again. Innate surely was on the job that week, for which we were thankful.

We shall always be grateful to Herb Hender who took charge and TOLD US what he was going to do, and did it with masterful skill. We also feel grateful to Dr. Hurevitz for solving the problem that had all of us baffled for five years. It took the crisis to get him in on the case. We also feel most grateful to Dr. Benfer, the Urologist, for marvelous skill in doing what had to be done to save our life.

Today, weeks later, we are on the mend. No vomiting; eating anything and everything we want; urinating naturally; defecating normally; gaining strength. All we need now is time to pick up lost weight. We now feel fit to go on, knowing that nothing can stop us for another fifteen years of service to the profession to which we have dedicated and consecrated our lives.

## CHAPTER 35

# The Story Of WHY IT SHOULD BE, BUT CAN'T BE

"December 15, 1950.

"Dear B.J.:

"You have asked me to tell you what I think should be given in Lyceum; you have asked for it, so here it is. When I left the Palmer School as a student I had a better than average education concerning the 'how' of Chiropractic, because I had been your patient. The average student doesn't have that opportunity. In most instances the student has never seen a specific adjustment given; he has never had one himself, and frankly if he went to the Palmer School in good health he is lucky if he didn't get sick before he left there as a result of being over-adjusted, or mal-adjusted, by some of the instructors. I realize that I am being brutal when I tell you this, and I frankly don't know what you could do about it if you wanted to. There should be something done, if something can be done, so that the Palmer School presents a clean cut front to the public and the students alike as to just what is Chiropractic.

"You may remember that this is nothing new for me to express such an idea. I have told students, and I have told patients exactly that—as soon as I understood what you were telling me as a student and as a patient of yours. I stated that until Chiropractic got to be the specific thing, which you had so clearly and distinctly outlined for us, it would never survive as a separate and distinct art. Truthfully your work is marvelous. But, the work of your school is so confused, and so mixed up, that even when I send a student back there who knows what I have done, he begins to doubt me even before he gets thru school, and he wonders if I have been fooling him. Only by going back and literally hitting him over the head again with the idea, can I get it to him. Now, of course, you were with me as a student. I watched what you did, and I knew what you did, but today students don't see that, and neither do the field members, when they go back there at Lyceum. They never see the specific adjustments, unless they get in some of our offices where we definitely do just that kind of work. They haven't had a chance to see for themselves that it really will work if they just do it correctly.

"Now the last thing. When I got out of the Palmer School, the training that I had for the taking of X-rays was something less than elementary. You had planted the seed yourself, so I had something to build on, and I naturally had to follow what was taught in the reading of X-rays, and we were taught then that the A to P and the lateral view were sufficient for the ordinary case. Actually stereos were looked on then as some kind of additional racket that you could put off on the patient, but there was no great purpose shown in taking them. This year when I went back to the school the young Chiropractor I took with me got sick on the trip. I had never checked him or had anything to do with him as a patient prior to that

time. I did have a neurocalometer with me and I checked him as we got nearer Davenport, and found that he did have a nerve pressure consistently. When we went into the Palmer School, I told him that I wouldn't adjust him—any more than I would any other patient—unless I saw a set of vertex stereos along with an A to P nasium and a lateral. You can believe it or not, but we experienced considerable difficulty in getting the laboratory at the student clinic to take that set of X-rays which we requested. Then after we did get them taken, Dr. Remier read them and only used one of the stereo films. He actually discarded the other one—threw it in the waste basket—and we had to get one of the attendants to go looking for it and return it to us some hours later. As you might have guessed, the analysis Dr. Remier had made was not as I analyzed the films, or I might say as you would analyze them—I am quite certain—by the position of the atlas and axis with regard to the neural canal; taking a view of the neural canal as a whole, and not just some external variable osseous structures.

"We went into the room at the end of the hall on the first floor, with the intention of using one of the stereoscopic reading boxes. In the first place these were covered with dust and obviously hadn't been used for months, perhaps not at all in the last year. We tried to get one set up so we could look at the films, and we couldn't find one that would work. Either the bulbs were burned out or they wouldn't operate for one reason or another. In our attempt to find the proper equipment we attracted the attention of some of the students and they were curious about what we were doing. We learned from them, as well as from the student I sent back there, that there had never been any stereos taken or explained to them in their X-ray courses.

"You asked for this B.J., so I am telling you. Again I want you to know this is not to criticize you, or to criticize the Palmer School, but to call attention to things which I assume you wanted to know, or otherwise you wouldn't have asked me. Ten years ago I made a study of the stereoscopic idea from a scientific viewpoint, from the standpoint of optical principles involved in reading stereoscopic X-ray films. I told you, I told Remier, Schiernbeck, and Dave—in fact I told everybody around the institution that I thot would be interested—that the distance between the films and the viewing mirror in the stereoscopic reading box should be approximately equal to the tube-film distance when the X-ray films were made. The Palmer School reading boxes are obviously made with a viewing distance of about half that of the ordinary tube-film distance, i.e., fifteen inches. Obviously it is impossible to use these boxes and get the correct stereoscopic super-position with the ordinary eye. Now I don't know who controls these things, Schiernbeck, Remier, or whoever it is around the institution—and maybe under the present conditions you can do nothing about it, and perhaps you couldn't then—but it leaves the Palmer School's equipment open to criticism by anyone who is scientifically interested in the correct application of the principle. I admit that reading boxes properly constructed would take up twice as much room, but a box that isn't properly constructed is no good at all, so of what essential value is it? It is a shame they are

not being used at all at this time at the Palmer School — at least they weren't when I was there last, in August, 1950.

"I must repeat that you should know that I want to see Chiropractic and the name Palmer get to the top and stay there. I've been working ever since I've been able to with that principle day and night. I have tried to interest Chiropractors in directing their efforts into more specific channels. You have outlined these methods specifically and accurately in your books beginning with 'The Subluxation Specific — The Adjustment Specific' back in 1934. I have fought all these ten years to get a mere handful of Chiropractors led into the specific way of adjusting and I am justly proud of that piece of work — which is following right down the line of your leadership.

"So much for the troubles I've seen. I want you to know that I sincerely appreciate what you have written in your books and I trust that I will see the day when more Chiropractors will get to thinking and appreciating what you have stored up for them. Remember that regardless of what I have told you in this letter, I am always

"Your friend and sincere student,  
Arden D. Zimmerman, D.C."

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December 21, 1950.

Dear Dr. Zimmerman:

The one GREAT problem here, or anywhere, has always been to try and get ALL men to see things My way, YOUR way, to get them to agree, see, think and act as I act, as you act, etc. We are a motley people. We all have different backgrounds in religions, sciences, philosophies, ideologies, etc. This makes them think and act differently from what I do, or you do. If all men had been thru what I have been thru, they would think as I think. If I had been thru all you have been thru, I would see what you see, think what you think, do what you do as you do it. But you haven't been thru what I have, nor I what you have, therefore we differ.

We should all be seeing the same logic, reason, and facts — but they can't, therefore don't. The GREAT problem is how TO MAKE them see, think, and act as I do. So many men, so many minds, so many opinions. Our faculty is made up of young men, old men, men who could get three times the salaries we pay, in field practice. There is so much that enters. If I were to fire everybody who doesn't see eye-to-eye with me, I wouldn't have anybody here — students or faculty.

All any of us can do is to struggle along TRYING to get them to see, think, and act as I. I cannot force men to follow my every lead, neither can you. Where you deal with one person — your office girl — I deal with dozens, hundreds, thousands. We can struggle, strive, labor — but we can't make.

You cite many shortcomings. I know them as well as you.● I am aware of them. We do our best to change them, and we do in some small measure, but not entirely. We never will. I wish ALL THE WORLD were specific minded. We would have no wars if we were. But, this is a process of education; and people move slowly to change from one radical departure to another. I do not offer these as excuses but as an explanation why we cannot make all agree with us in every perfect detail. I wish the Utopia were with us, upon us, now — but it isn't. The world is in turmoil, right now, for same reason. There are so many minds with differing degrees of solutions of our problems. We must be patient, keep on trying to better conditions, be as unreasonable as we can be within ourselves, and as reasonable as we can be with others outside ourselves. To become dogmatic, domineering, is not only destructive but it is not helpful to ourselves or others. To assume the dog-in-the-manger attitude does not help bring about the things we need most.

As feeble as this letter is, it tries to answer yours of December 15th.

Sincerely,  
B.J.

## CHAPTER 36

### The Story Of BACKGROUNDS

Every person, regardless of nationality, has an Innate common denominator — alike — each and all capable of taking possession, governing and directing full complement of functions necessary to produce and reproduce that composite assemblage of matter. This is true of vegetable, quadruped, or biped.

When it comes to matter, that differs. As there is a difference between vegetable and animal, between different vegetables, between different animals, between different people, so does it register difference in "stock" characteristics.

Tomatoes will reproduce tomato matter; potatoes their kind — and so thru the line. Fish eggs will not produce alligators, or vice versa. Bird eggs will not produce reptilian matter assemblages, or vice versa. Buffaloes will cohabit only with buffaloes, cattle with cattle, etc. Genus homo will reproduce only genus homo forms of matter. Matter generates its kind.

Luther Burbank crossed families by robbing Peter to pay Paul. (See our story on this subject in Volume xxii.) We can marry a white to a colored person because of its being same "family." Leave animals to their Innates to govern their breeding and they will run true to form; each family of cows to its family. Same is true of horses, dogs, cats, or what have you.

Altho all Innates ARE alike, matter thru which Innate thinks, functions, and acts will use that matter according to character of matter.

Attempt to cross species and a hybrid is result. Hybrids will not reproduce. It is the end of that line of matter. Even tho Innate might be and is 100 per cent perfect, use Innate makes of matter may be limited to characteristics of matter thru which Innate acts. Innate is not limited, but matter can be. Innate is not limited, but a vertebral subluxation could make it impossible for Innate to express its attributes 100 per cent.

Russians have a certain assemblage of Russian matter as developed thru centuries. Same is true of Germans, French, Turks, etc. Thru centuries, matter or stock has developed assemblages of forms which give them a distinct individuality. This is not true particularly of Americans.

Our colored people come from African slaves. They were brot to America and auctioned as slaves. Their early lives were slaves to whites. They were brot up as slaves. Civil War changed this. From then on, they trained their matter to be free, think freely, act freely, be free in controlling of slave matter and the development of free matter.

Jewish race have long been a lost people; trampled under foot; people without a country; chased from country to country; never permitted to associate on a common parity with rest of world's people. They have been suppressed. To live, they became barterers, trading in things others refused to handle. They gathered scrap iron, diamonds, jewelry (and that's where it derives its name — JEWelry). All this, thru centuries, developed what we find today as a matter of stock. We cannot blame them for wanting to go into businesses which other stocks despised — theatrical enterprises, movies, banking, jewelry, etc. Today, Jewish people follow their stock characteristics of hardest resistance developed thru centuries. One can hardly blame them for permitting a free rein to stock characteristics for despising rest of human race. Neither can one blame them for wanting to keep family traits pure to keep them from mixing with gentiles.

We look at colored race, Jewish race, and they pursue their racial stock characteristics which many are training and learning to control, developing things that are desirable. Many colored people are today as fine as any free whites have ever been. Many Jewish people are today as fine as any gentiles ever have been. On other hand, many of each run true to form of centuries in which stock of centuries ago is still stock of today in them.

In America, we are crossbred, true to species, but varying according to families. By "families" here, we mean true to genus homo species. We are a melting pot, a conglomerate mixing people. Russian marries French; Swede marries German; Turk marries Swiss; so practically no person in America represents an outstanding distinct nationality type. Stock has become a conglomerate mess, a human melting pot. Innate, being same in mixed cross-breeds, carries on with same precision as tho it were a true type, using cross-breed mass, pursuing natural functions and endeavoring to improve race.

Each person, whether true to nationality type or a cross-breed, has a stock background which no individual can avoid or evade.



German for centuries has developed his matter to certain ends. This is true of every distinct type. We Americans, representing mixed types, have a mixed stock background which we cannot avoid or evade. Because of varied characteristics of stock backgrounds we view each other with amazement and wonder as to why certain individuals do certain things certain ways. Why don't they do what we do as we do it?

For example, consider our background. Father was English; matter was stubborn, determined, fighting, hated music. Mother was Creole, a cross between French and Spanish; matter was soft, cultured, refined, loved music, etc. Our stock is a cross between. At times our stock wants to do certain things certain ways. We find the father or the mother stock predominating and wanting to act accordingly. It might be objectionable to other half of our stock. What to do? We can train OUT certain family traits we don't like, and develop other family traits we do like. Life then is a process to making ourselves into anything we desire to be within unlimited Innate direction and limited family stock uses we make of it.

To know backgrounds of people is to know them and to better understand why many things bubble to the surface in their daily lives.

## CHAPTER 37

### The Story Of THREE OBSERVATIONS

Food and water put feathers on birds

— skin and scales on fish

and oysters

— shells on turtles, lobsters, crabs, shrimp,

phants

— hides on rhinoceroses, hippopotamuses, ele-

— ivory tusks on walruses, elephants

— hair on monkeys, cows, horses, and humans.

Food and water grow black, white, red, and yellow people;

— produce male and female of species and di-  
vide them into families of endless varieties;

— produce male and female of vegetable and  
animal, including genus homo, then reproduce its kind thru  
various seeds;

— put black, white, red hair on quadrupeds  
and bipeds;

— give humans and giraffes 24 vertebrae, and  
525 to pythons;

— give muscles to worms and boa constrictors  
so they can crawl;

— give bugs and bees wings to fly;

— give centipedes many legs so they can walk;

— build a self-defense mechanism in reptiles  
to construct and inject venom;

— produce flies to annoy people, and mos-  
quitos to sting;

— produce flowers in thousands of shapes and  
colors — some with, others without odor;

— grow green grass for cows to produce white  
milk, yellow urine, brown faeces, and 42 different kinds of cheese.

All of this is directed by Innate Intelligence within, yet we deny, ignore, belittle, and refuse to admit there is a power within so great that it can make us, functionate us so we are well, and make us well when we are sick.

When we are well, "Nature" is sufficient unto itself. When man is sick, we think we must swallow a man-made pill to get well; that "Nature" needs something she hasn't got or can't get internally.

With 5,000 years of systematized study, on man and animals, dead and alive;

- with all this research, study, and observation;
- with all this written, printed in millions of books;
- with all this being taught in thousands of medical schools — hundreds of thousands of medical graduates had all this crammed into millions of heads.

With all this appeal for millions of dollars, asked for and received, to try to find a cause for polio, cancer, tuberculosis, diabetes, and many other diseases, medical profession finds itself today facing a wall too high, too long, or too deep to overcome; ignorant of simple realities of life, where it is, when it is, how it works.

All this vast medical education, if boiled, massed, essenced into one brain, could not make one tissue cell and bring it into functional activity.

Yet there is an Innate Intelligence in every female which makes 400 billion cells in 280 days;

- makes different kinds, brain cells, nerve cells, muscular cells, ligamentous cells, cartilaginous cells, visceral cells, osseous cells, etc.;
- classifies them, separates them, places them, each where it belongs to fit an accurate pattern;
- assembles them into organs and properly places each organ where it rightly belongs;
- coordinates one with another so they harmoniously work with each other to a complete whole;
- makes no mistakes, sets them running without friction from then on till death.

This, Innate Intelligence has been doing in millions of people, for millions of years. Yet, for some unknown reason, we are supposed to believe that once this Innate Intelligence started life, it is supposed to be forgotten, take a vacation, and from there on educated man takes up the job and is supposed to run human bodies HIS way, according to HIS theories.

By comparison, educated man thinks HE knows all and more than Innate Intelligence within, which he calls SUB-conscious, NON-conscious, UN-conscious mind; "Nature" in the crude and raw, if you please.

It is this GREAT power WITHIN US, which Chiropractor relies upon and permits to be free to get sick people well. What more does one need?

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Let us cite another example:

YOU have lived WITH YOURSELF all these years;

—you have been intimate with yourself, every year, month, week, day, hour, and second of that time;

—it has been INSIDE you, and YOU have been living WITH IT;

—you have educated yourself to educationally, KNOW yourself.

Let's put it all to a simple test:

Direct your education to ONE liver tissue cell and ask IT what IT needs to be chemically and nutritionally balanced, normal and healthy.

Try it! Can you? Does it give you an answer?

Do same with its five pounds, five lobes, five fissures. Still no answer!

Do same with your entire body! Still no answer — after all these years of living intimately within yourself.

Yet there are doctors who consult with a sick patient fifteen minutes, regarding chemical and nutritional unbalance OF ANOTHER, each on OUTSIDE of other, and they presume TO KNOW all answers, to each and every and all parts of body of another they have NEVER lived with or in.

Physician prescribes vitamins, this and that, more of this and less of that, as tho HE KNEW what body of another needs when he doesn't know what HE needs.

Only Innate Intelligence within each person KNOWS needs of its EVERY cell in EVERY viscus and organ.

Innate KNOWS! Educated man GUESSES!

Chiropractor opens channels of communication between Innate in YOUR body, lets it flow to where it is needed, and from then on it is up to Innate WITHIN YOU to get you well — something no man on outside can do.

CHAPTER 38

The Story Of

AN INVITATION AND ITS SEQUENCES

Florida Chiropractors' Association, Inc.

Miami, Florida, September 8, 1950.

Dear Doctor Palmer:

I have just learned that you are expecting to vacation in Florida during October. Since our annual convention will be held at the Sherry Frontenac Hotel, Miami Beach, October 12, 13, and 14, I am pleased to extend an invitation to you to attend our banquet and entertainment on evening of October 13th. While our educational and speakers program has been completed since February, no speaking time could be allotted. However, we would be greatly honored to have you accept the banquet invitation as a guest of the Association and I feel certain time for a few remarks, should you wish, will be available.

May I extend my personal best wishes, in addition to those of the chiropractors of Florida, as well as express the hope that you will spend an enjoyable vacation in our state.

With kindest regards,  
Zene Tozer, D.C.,  
President.

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Davenport, Iowa, September 14, 1950.

Dear Dr. Tozer:

Received your invitation to attend banquet of Florida Association. Shall be glad to accept. Had intended coming to Florida by another route, but will change my plans so as to come to Miami in time for your banquet. Please do not let my presence in any way change your program or interfere in any way with your speakers' program even at the banquet.

As an appreciation of your courtesy, am sending you autographed copies of my two latest books, Volumes xxiii and xxiv, issued at Lyceum this year. Hope they will help you in some small way to better understand our professional and personal problems. I think the reading of same will be enjoyable as well as instructive.

Sincerely,  
B.J.

Upon our arrival at Palm Beach, we received a second letter, as follows:

Miami, Florida, September 18, 1950.

Dear B.J.:

I have received your nice letter of acceptance and will look forward to seeing you on the evening of October 13th. It certainly is nice of you to change your Florida plans in order that you will be able to attend our banquet, and I know many of our Florida Chiropractors will feel honored by your presence.

A room will be reserved for you at the SHERRY-FRONTENAC HOTEL, 6565 Collins Ave., for Friday, October 12th.

It is more than kind of you to send me copies of your latest books, and you may well know that they will be appreciated and read with interest. You are right, I do have a copy of your Vol. 22, purchased last year while attending Lyceum. I have greatly enjoyed reading the *BIGNESS OF THE FELLOW WITHIN* and I still keep it handy for spare time reading. It is a wonderful book and should be in the hands of every Chiropractor.

With kindest regards,

Zene Tozer, D.C., President.

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Imagine our surprise, upon arriving at Palm Beach, to receive a letter from Bertram A. Mintz, D.C., from which we quote following:

"Inasmuch as your presence among us was only made known to us at a late date, we will be unable to include you among our prominent speakers but the fact that you are ONE of the leaders of the profession impels the Committee to set aside a little time as we feel the members will want to hear you. To that end we have assigned fifteen (15) minutes starting at 4:15 p.m. on Friday, October 13th, to you. **YOU WILL BE EXPECTED TO TALK ON ANY NON-CONTROVERSIAL SUBJECT YOU CARE TO. THE COMMITTEE RESERVES THE RIGHT TO STOP ANY SPEAKER WHO INDULGES IN PERSONALITIES OR OTHER MATTERS OF AN UNPLEASANT NATURE.** This, in the interests of harmony, as exemplified by the NCA (with which we are affiliated) at Washington Convention held in July. If you will send us an outline of what your subject will be, we will be glad to have it announced from the floor at proper time.

Trusting this finds you at the peak and with all good wishes, we remain,

Sincerely yours,  
The Convention Committee of the  
Florida Chiro. Ass'n.  
Bertram A. Mintz, D.C.  
Assistant to the Chairman.

In answer to Mintz's letter, we wrote Dr. Tozer as follows:

Mt. Vernon Motor Courts,  
West Palm Beach, Florida, Sept. 29, '50.

Dear Zene:

Today I received your fine letter, via Davenport, and another from Bert Mintz. If this is the same fellow I know, then he is bad medicine no matter where he is, whom he is with, or to what organization he belongs. I recall something about him that happened in Colorado, which left a bad stink.

But that is not what occasions this letter. In fourth paragraph of his letter he issues what I consider an insult. Knowing Mintz as I do, ordinarily I would have ignored his letter, but when he signs himself as "The Convention Committee of the Florida Chiro. Ass'n, by Bertram A. Mintz, D.C., Assistant to the Chairman," then that makes it official, which I could not ignore.

Paragraph in question is as follows:

"Inasmuch as your presence among us was only made known to us at a late date, we will be unable to include you among our prominent speakers but the fact that you are ONE of the leaders of our profession IMPELS the Committee to set aside a little time as we feel the Members will want to hear you. To that end we assigned fifteen (15) minutes starting at 4:15 p.m. on Friday, October 13th, to you. YOU WILL BE EXPECTED TO TALK ON ANY NON-CONTROVERSIAL SUBJECT YOU CARE TO. THE COMMITTEE RESERVES THE RIGHT TO STOP ANY SPEAKER WHO INDULGES IN PERSONALITIES OR OTHER MATTERS OF AN UNPLEASANT NATURE. This in the interests of harmony, as exemplified by the NCA (with which we are affiliated) at the Washington convention held in July. If you will send an outline of what your subject will be, we will be glad to have it announced from floor at the proper time."

Nobody in our profession need feel "impelled" to set aside any time, much less only 15 minutes, for me to speak; for, after all, I am but "one" of the least of "the leaders of the profession."

Whatever I might say would be Chiropractic, for that is all I know. I have never spoken where any person, or Committee, has dictated what I must or must not say; or intimated that I would be shut up if I said something which disagreed with their opinions. I have never permitted myself to be juggled into such a situation.

Knowing the tenor of the mixed crowd that will attend your convention, both straights and mixers, NCA and ICA people, B.J. enemies and B.J. friends, I naturally would speak frankly on what I knew about Chiropractic with no intent of wedging a "contro-

versy." However, there is nothing I could say, as a Chiropractor, but what WOULD BE "controversial" to the mixers attending, and they could cry "controversy" and I would be shut up. For instance, I note Mintz is a "Chiropractic PHYSICIAN." As a simple Chiropractor, all that and nothing more, I would be bound to step on his toes. He can say he warned me what "the Committee reserves the right" to do.

To protect the rights of the position I hold in our profession, I must respectfully decline to accept your thotful invitation to attend the banquet unless and until this insult is completely withdrawn and eradicated from my mind.

B.J.

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In answer to this, we received following:

Miami 35, Florida, September 29, 1950.

My dear Dr. Palmer:

I have just spoken to Dr. Zene Tozer of this city, who has advised me of a certain letter sent to you, and I wish to advise that no one but myself is authorized to arrange time on our convention program.

Therefore, I hope that you will overlook the letter you received and accept Dr. Tozer's invitation as I know that a great many of our members will be most happy to welcome you.

Respectfully yours,  
Dr. Frederick R. Frank.

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Then we received following, which speak for themselves:

Miami 37, Florida, October 1, 1950.

Dear B.J.:

I assure you that Dr. Mintz has been called to task for his unauthorized letter to you in which he assumed to speak for the program committee of which he is not a member.

As the enclosed letter from Dr. Frederick Frank states, he is the only person authorized to make program changes or allot time on the program which of course includes the banquet. Dr. Frank is quite sincere in his request that you overlook any unauthorized communication and accept the banquet invitation.

I hope, B.J., that you will now feel free to attend as planned, and if you will inform me just when you will arrive you will be met at the train, plane, or elsewhere by a special reception committee and taken to your hotel where a room overlooking the ocean has been reserved for your use on Friday, October 13th.

With my personal best wishes as well as my apologies for any unpleasantness caused you by Dr. Mintz, I am

Sincerely yours,  
Zene Tozer, D.C.



Coral Gables, Florida, October 2nd.

Dear B.J.:

Enclosed is the letter that Zene Tozer mailed to all members of the Florida Chiropractors over the weekend. We are all mighty happy that you are to appear on the program.

Walt & Walt Reynolds.

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Dr. Tozer issued following Bulletin. Need we say more?

Special Last Minute Bulletin

Word has just been received that we will have as our banquet guest, on Friday, October 13th, the most famous Chiropractor in the entire world . . . Dr. B. J. PALMER of Davenport, Iowa. Confirmation came too late for publication in our monthly publication. . . . You have wanted to see and hear this man . . . this is your opportunity to again, or for the first time, see B.J. . . . the most loved and most hated man in Chiropractic. That he will speak at the banquet is not yet certain . . . it is taken for granted that he will do so . . . if you have hesitated about attending the Miami Beach convention you should now decide to come and see this distinguishd man . . . in addition to getting your credits for NEXT YEAR'S (1951-52) license renewal, you will meet your old friends, enjoy a fine entertainment, help to make the convention a success by your presence, give yourself and family a fine outing at world famous SHERRY FRONTENAC HOTEL on the ocean at Miami Beach, see and perhaps hear a man whose name is synonymous with Chiropractic. . . . If you stay at home you will regret having done so. . . . I will be looking forward to seeing you October 12, 13, and 14.

Zene Tozer, D.C., Pres.

FLORIDA CHIROPRACTORS' ASSOCIATION

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Following talk was intended for banquet, where we were granted fifteen minutes. Later, we learned entire banquet of some two hours was to be broadcast and televised. Obviously, this talk would be inappropriate, out of character to listening or seeing audience. Subjects mentioned and discussed, while understood clearly by our profession, would not be understood and would be fearfully misunderstood by general public. To that end, it was laid to one side, and another subject (which follows later) substituted.

Proposed Talk For Florida Chiropractors Association  
Banquet, October 12, 13, 14, 1950, SHERRY-FRONTENAC HOTEL, Miami Beach.

Kiwanis International Convention was held in Atlanta.

Enroute home, trainload of delegates lay over, and were entertained at a dinner in the rathskeller of Brown Hotel, Louisville.

Governor of Kentucky welcomed them TO KENTUCKY:

"When God got thru making the world, he had a choice piece of land left over. He planted it here and we have called it KENTUCKY ever since."

Mayor of Louisville welcomed them TO LOUISVILLE:

"When God got thru making the world and planting this beautiful Kentucky land, He had an extra special piece of choice land left over. He planted it here and we have called it LOUISVILLE ever since."

Several were asked to respond.

WISCONSIN: "When God got thru making the world and planting this beautiful place you call Kentucky; and planting this extra special piece of choice land left over, which you call Louisville, He had some wonderful pasturage land left over, so He planted it in WISCONSIN and we have been making the cheese for the world ever since."

UTAH: "When God got thru doing all that, He had some glorious mountains, streams, and deserts which He planted out west which we call UTAH, and we have been growing the finest fruits in the world ever since."

FLORIDA: "When God got thru doing all that, He figured there should be a place established for weary people to come and enjoy and rest themselves, so He planted some 30,000 lakes, made some marvelous beaches, gave birth to some gorgeous blondes, brunettes and red-heads, and planted the finest fishing in the world around these shores; so we have called it FLORIDA ever since."

Finally, we were called upon to respond for IOWA:

"There isn't much we can say for or against IOWA, but we would like to tell you about a dream we had a few nights ago. We dreamed we died and went to heaven—in spite of the prognostications of some of our profession who said we should be taken out and shot and sent to hell.

"Ahead of us, in the line at the gate, was Sherlock Holmes, the great detective. St. Peter insisted he must prove himself.

"Go out there in heaven, find Adam and Eve. Bring them back to me. If you do, I will know you ARE Sherlock Holmes."

"In a few days, he returned leading a man and a woman by the hands. 'This is Adam; this is Eve.' 'How did you identify them?' 'Elementary, St. Peter, elementary. Neither had a belly button.'

"We were next. We told St. Peter we didn't know whether we wanted to go to hell and be with the Florida Chiropractic PHYSICIANS

Chiropractic physiotherapists

Chiropractic naturopaths

Chiropractic penicillin hypo-ers

Chiropractic manuopaths

or stay in heaven and be with the CHIROPRACTIC CHIROPRACTORS! He told us to look around, take our time, and be satisfied.

"In six weeks we returned. 'We would like to ask a few questions before we decide. Who is that crowd over there playing parchesi, shuffle board, dominoes and checkers?' 'They're from Kentucky.'

"Who is that crowd singing 'Jeanie With the Light Brown Hair' and 'My Old Kentucky Home'?" 'They're from Louisville.'

"Who is that crowd of old folks basking in the sun, and those gorgeous hussies lying around exhibiting themselves on the beaches, with silver coins tingling in their bras, and that gang of men fishing for sail and tarpon?" 'They're from Florida.'

"Who is that crowd walking barefoot in the dew of the pasture grass, milking cows, looking contented?" 'They're from Wisconsin.'

"Who is that crowd playing drop the handkerchief, ring-around-the-Rosey, post-office, eating peaches and singing hymns?" 'They're from Utah.'

"Then I saw a great BIG crowd, handcuffed, leg-ironed, staked to ground, cursing, swearing, blaspheming, wailing and scowling — where are they from?" 'They're from Iowa — and they want to go back.'

"Then I dreamed I saw a group of angels hopping about from cloud to cloud, satisfied they had done a great service to mankind on earth, playing their harps, talking occasionally to God close to the throne. Where are they from?" 'They're from Davenport and they want to go back to The PSC to carry on an unfinished job for the benefit of a better mankind.'"

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Every educated person is secretly or openly ambitious.

He wants to climb mountain and view valleys beneath and behind him.

He looks about, sees what others have accomplished, and wants to duplicate in part or better.

He thinks of the great musicians — Bach, Beethoven, Mozart, Haydn, Berlin.

He recognizes greatness of inventors — Westinghouse, Tesla, Steinmetz, Marconi, Edison, and others. He wishes he could be their equal.

He reads works of philosophers and wishes he, too, could philosophize as they did. He looks upon them as possessing genius.

And, what IS genius?

Edison once said it was 98 per cent perspiration and 2 per cent inspiration. Average individual does make it 98 per cent hard work and 2 per cent flowing from within. But that individual who is extraordinary reverses order and makes it 98 per cent inspiration and 2 per cent labor.

He who composes, invents, inspires, enjoys his work because it is an unfolding process from within.

Innate within each of us is sum total of Westinghouse, Tesla, Marconi, Edison, Steinmetz, Beethoven, Mozart, Haydn, Berlin, D. D. Palmer — and more. Innate is everything to everybody. It is all that everybody has been, has thot, said, written, or printed. Innate is within everybody who lives. You, too, are living. Potentials are there. They may be dormant, but they can be active. Unlock any door you prefer; it is yours for knowing how. Any man, if he knows how, can open any room of his Innate. Any man can do what others have done.

No man had many special educated talents. In fact, most of them did not. Each had whatever everyone had — Universal Intelligence, Innate Intelligence within, which was same in all and everything all of them had.

Only difference between any one or other was that each wanted to do certain things. He released imprisoned Innate and let it flow forth. Not being overly educated, he didn't know it couldn't be done, so he proceeded to do it.

In you, today, is same Innate. Any of you can be what any of them were, or what any other man is today. Potential is in you. It lies dormant, inactive, like a smoldering volcano choking back its pent-up fires, ready to burst forth as soon as a natural opening is made possible.

None of these great men considered themselves great.

In an active sense, you forbid yourself trying because you have plastered on an artificial granite wall on the outside of yourself, layer upon layer. More layers, worse you are, for each layer

makes greater the impenetrable wall for Innate to get thru. That is why so-called "ignorance" is a blessing in disguise.

There is no special talent in great men. If there were, where did they get it? Most all great and near-great who have accomplished achievements which made them great, had parents who were ordinary, average, and in many instances less than average people.

As a student of human nature, all of us have urges to do things. Rather than encourage them, coax them to come thru, willing to take taunts and ridicules of the world that surrounds us, they choke those urges backward, refuse to do, and, for all we know, world has lost another great man.

Conflict between educations on outside and Innates on inside has been going on for centuries.

Many a great man is born, has greatness within him, and dies great, stifled because his education can't take it, his education won't let him, his education ridicules him, and educations of his family or friends keep him submerged.

Those who have climbed heights can understand this explanation because they have gone thru it.

Those who refuse to climb the scale, misunderstand — that is to be expected — and people who have climbed take it for granted because that is price they pay for climbing.

Is there a something, a force, a science, a knowledge, an intelligence residing within us — call it what we will — which a few people understand and use to overcome difficulties and achieve outstanding success? We firmly know there is. It is our desire to explain what Innate Intelligence is so all may use it.

Men and women who have left their imprints on history may have done so without educated knowledge of existence of this law within them, working for them. Other men and women have also left their imprints being conscious of help gained from it. Then there is a minority who have knowingly and understandingly worked with law within them.

Chiropractic principle and practice are based on a positive and absolute knowledge of a definite set of rules which are so internally, Innately exacting, accurate, that any who know apply them correctly to get sick well.

You who are sick want health, see a Chiropractor, take adjustments, and get well. Law to which we refer is in each of you who is sick. It will get you well if channels of communication are open. HEALTH is within every sick person. Law is never sick, even tho body may be. Chiropractor releases health within you, from where it is to where it should be. Chiropractor does not treat dis-ease, neither can HE cure or heal. Chiropractor releases interference between law of health within you and its expression in your body. It is as simple as that.

Remember, backbone is keyboard, switchboard that governs nervous system means of communication between Innate Intelligence in your brain and every part of your body. Regardless of name, location, or condition, go to your Chiropractor, let him reestablish health communication. You will be glad you met him.

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Talk Given to Florida Chiropractors Ass'n  
Convention, 4:00 p.m. Friday, October 13th.

Up to 1935, all was confusion in our profession;  
— so many men, so many minds, so many opinions;  
— so many theories, so many techniques — do this, do that.

Which way to turn, what or whom to believe, what to do were perplexing questions in all minds — ours included.

This was no one person's fault; it was flux we were going thru which always has been and is common situation of every development in history of man — ours included.

Since 1935, complexion of our profession has been integrating itself, rapidly eliminating much, getting on an even keel.

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Our profession consisted of honest sincere professional people. All knew way to build a successful practice was to get sick well. To fail in this, was tantamount to failing professionally and financially.

None were so shortsighted as to deny this premise.

All knew we couldn't build success on failure.

But, where lay success?

How to reach that ultimate BUYING objective of sick; how to reach that ultimate SELLING principle of Chiropractor, were issues on which we differed.

Our profession was a conglomerate phantasmagoria, which we all deplored.

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WHO was right? WHO was wrong?

WHAT was right? WHAT was wrong?

Everything everybody did was based on individualistic opinions, personal judgments on which no two agreed. In this respect, we were no better than medical men who were empiric and arbitrary in their practices.

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Philosophy is based on answers to WHY of things.

Science is based on proof of HOW of facts, capable of exact duplication.

Art is based on following rules of *action* laid down by science. based on correct answers to why of things.

There seemingly was NO PROOF of our philosophy, science, or art.

Each member of our profession felt what HE thot or did WAS right; all others wrong.

We, at The PSC, were no better, or worse, than you.

We taught WHAT WE THOT was right, and trained you to do what WE THOT was more correct than any other then-known methods.

Were we right?

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In 1935, we decided to find out; TO PROVE who and what was right, or wrong, in our philosophy, science, and art. We threw everything into the hopper, including all WE thot and taught.

We decided to prove, or disprove, and we didn't care which, this conglomerate mass and mess. We held no pride of opinion, but we did hold a sincere desire to prove issues.

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IF the Chiropractic PRINCIPLE was right, which all believed and advocated, there WAS a right practice somewhere which WOULD get sick people well.

We decided that somewhere, weaving back and forth thru this mess, was a common human denominator that would work IF we knew what it was, IF we worked it, on which all COULD agree.

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In 1935, we decided to build an ultra scientific research clinic.

As of today, we have more than one million dollars in equipment;

- our clinic staff consists of 32 experts, each in his department;
  - our payroll is over \$8,000 per month, for this clinic alone;
  - we run in the red over \$8,000 monthly.
- 

In 1935, we started with two major divisions from which we have not deviated:

1. Medical men, medical equipment common to all medical clinics and much not common to any.

Why? Medical men said our cases were hypochondriacs.

We decided to prove, with equipment common to *them*, our cases WERE sick and had what THEY diagnosed them to have.

We secured accurate case histories but never have and do not now diagnose any case.

2. Nothing else has been used to get our cases well except Chiropractors, thoroly qualified, Chiropractic equipment common to our profession, and vertebral adjustment.

Our equipment consists of much known and unknown to any other clinic in the world; much being new and invented by us.

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It takes 128 printed forms to complete a case record.

We build exhaustive massive case files on every case.

Every week, each case is completely re-examined, medically.

Every week, each case is completely re-checked, chiropractically. Only exception is spinographs and timpographs which are taken every TWO weeks.

So far as we know, we are the only clinic in the world which does this, to test its procedures and prove what we are doing.

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We set out to eliminate ALL variables in every procedure, following dictates of science;

- we used exclusive avenue of approach to our problems rather than inclusive;
- we automatically and mechanically graphed each procedure rather than trust to hand, eye, or mind; (See Debunking Conceit, Vol. xxiv, Palmer, 1950);



— and where our equipment did not graph its findings, we re-built it so it would and did.

Every procedure was made a matter of record, for there is nothing so fickle as memory of man.

We tested each procedure to see if it accomplished our objective. If it did, we retained it. If it did not, we eliminated it.

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Chiropractic PRINCIPLE, briefly and tersely stated, is:

1. A concussion of forces, where an invasionary force overcomes internal resistive force, produces a vertebral subluxation;

2. Vertebral subluxation occludes a foramen thru which spinal nerves or spinal cord pass;

3. Occluded foramen produces a constrictive pressure upon or around spinal nerves or spinal cord;

4. This pressure acts as an interfering medium, acting as a mechanical block, and reduces normal quantity flow of mental impulse supply between Innate in brain and function in body.

This is THE cause of ALL dis-ease.

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Questions which perplexed our profession, and upon which it was badly divided, were:

— WHICH vertebra or WHICH COMBINATION to adjust;

— WHEN to adjust, WHEN NOT to;

— WHERE to adjust, WHERE NOT to;

— WHICH was best method of setting and seating subluxation — which principle to use, which to avoid.

Somewhere there WAS a workable answer on which we should and could agree, if they could be and would be proven sound.

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Other questions upon which our profession was badly divided were:

— WHICH or WHAT treatments, if any, to use in conjunction;  
— which helped or hindered our Chiropractic principle.

Somewhere there was a workable answer, on which we should and could agree, if they could be and would be proven to be constructive or destructive.

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For fifteen years, on thousands of cases, this research work has been insistently, consistently, and persistently going on.

And what cases!

Chiropractors get chronic case failures after medical men have given them up.

Our Clinic gets chronic case failures after Chiropractors have given them up.

It is those problem cases we want, ask for, and get.

They come in ambulances, stretchers, wheel chairs, on crutches, etc.

They come by plane, train, car, etc.

Many are nearer dead than alive.

Every case, in every step, is individually tested week after week.

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We built the only electroencephaloneuromyotomograph in the world, at a cost of \$100,000. It takes a specially-trained crew of four to conduct its research.

It measures, calibrates, and evaluates quantity flow of mental impulse supply between brain and body. After all, that IS our principle.

Did what we were doing, when we did it, as we did it, increase or decrease this flow?

By these quantity flow carrier wave graph patterns we were able to prove AND disprove what we were doing, what you were doing, so far as it affected quantity flow causing or curing disease. What more NEED we know or prove?

We proved that vertebral subluxation WAS THE MECHANICAL BLOCK decreasing quantity flow of mental impulse supply between brain and body.

Was what YOU were doing, *in addition to* adjusting vertebral subluxation, increasing or decreasing quantity flow of mental impulse between brain and body? Was it important to know this answer?

We had reason to believe you that IT WAS increasing that flow OR YOU WOULDN'T BE DOING IT;

— we had reason to believe you knew that unless you INCREASED this quantity flow, you couldn't and wouldn't get your sick well;

— we had reason to believe you were convinced that Chiropractic principle is right; and you THOT you were helping to prove

that principle correct when you did more than adjust vertebral subluxation.

It is a constant surprise to us to see Chiropractors, who come as patients themselves, or bring members of their immediate families, or refer prominent people from their localities to our research clinic, who have used various medical principles and practices.

They know, as well as we, it IS CHIROPRACTIC which works IF it is correctly worked. Further surprise to us is, after we get these cases well BY CHIROPRACTIC ALONE, in our clinic, these Chiropractors return home and continue in their old practice rut on other patients. What was successful for the goose isn't good enuf for the cash-paying ganders.

Vital question is, were they doing more or less for their cases than they should, to get them well? Were they delaying recovery or making it impossible for them to get well, when they did more than vertebral adjustment?

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We measured effects of everything we could test to prove whether Chiropractors' and our thinking was right or wrong, so far as it affected quantity flow of mental impulse supply.

We measured effects to see whether this or that increased or decreased normal supply of mental impulses between brain and body.

We measured effects to see whether this or that increased abnormally low quantity flow in sick people, and whether such got them well quicker than with vertebral adjustment alone.

We tested coffee, tea, milk, water, gin, whiskey, rye; anacin, aspirin, vitamins of all kinds; thermal applications in various forms, hot and cold; hydropathic methods in various forms, hot and cold; electrical shocks, mild and severe; colonic irrigations; hypodermic injections of various kinds; recent miracle drugs such as penicillin, antihistamines, etc.; heliotherapy; and what have you, without end. We left no stone unturned to prove or disprove what any or all of these did to nerve force or mental impulse supply between Innate in brain and function in body.

All of these, and more, were divided into two categories as classified by their effects on nerve force flow; (Read carefully Crile's Bipolar Theory in Vol. xxv, Palmer, 1951, for verification);

- they either stimulated or inhibited this quantity flow;
- they started either by stimulating flow or inhibiting flow;
- some were on *efferent* side of our nervous cycle and stimulated or inhibited function;
- some were on *afferent* side of our nervous cycle and stimulated or inhibited senses;
- regardless of which they started, or which side of our cycle they were on, they ALWAYS ended IN BLOCKING flow, reducing its quantity between brain and body.

Two examples — one efferent, other afferent:

At 6:00 p.m. case is flowing an approximately sick level graph wave pattern; at 8:00 p.m. he begins drinking whiskey; at 12:00 midnight, he is functional millionaire and could lick the world; at 6:00 a.m. he is a mental and physical pauper.

Case has a raging toothache; dentist, hypo, novocaine. Few minutes later, no pain; it chemically completely blocked off ALL afferent flow from tooth to mind in brain where pain is interpreted as such.

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Vertebral subluxation is a MECHANICAL block reducing flow, for THAT is what causes all dis-ease IF Chiropractic principle is sound.

All stimulative OR inhibitive methods of treatment are *additional or secondary blocks* to primary block. They reduce already-reduced quantity flow. Chiropractor has done that which *superimposes block upon block*.

How can we ever get any sick person well by adding MORE treatment blocks to already existing mechanical block flow?

When we give vertebral adjustment, if done at right place at right time, in right manner, we make it possible to *restore normal quantity flow*.

If we add a *secondary treatment block* of some kind, it stymies flow we have permitted to be restored by adjustment of mechanical block.

In one instance we add; in other we reduce what we have just added. One blocks other.

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It takes no stretch of imagination to see that this process accounts for many Chiropractors' failures — which they blame on

incompleteness of Chiropractic; which they reason requires more than Chiropractic, when in reality they are doing less than Chiropractic, therefore failing.

In The B. J. Palmer Chiropractic Research Clinic, we insist all drugs and/or treatments, regardless of kind or character, must stop upon entrance of case. It takes no stretch of imagination to see that this process accounts for our success on other Chiropractors' failures — which we credit to the completeness of Chiropractic, which we reason needs nothing more than that.

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Were processes of research which we were carrying on, and evidence secured, right or wrong?

Was it taking worse cases, getting them well quicker at less expense to cases, or were we failing to accomplish our objective?

Were we building our clinic on cases getting well, or were we dependent upon a rapid turn-over of failures?

After 15 years of researching to find this successful denominator, to prove Chiropractic principle and practice is all-inclusive and all-exclusive, right or wrong, where were we?

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January 1, 1949, we felt time had arrived to break down case facts.

We established a research department to break down statistics on vast case files of our thousands of cases.

Dr. Coulter, a professional expert statistician researcher, was turned loose to establish his corps of experts to do that very thing.

He builded a research group of five people — sometimes as many as eleven. Last year (1949) and so far this year (1950), we have issued four printed reports:

1. hematological
2. urological
3. basal metabolism
4. toxic drug reactions

The report on toxic reactions consists of more than 100 printed pages;

—has over 10,000 citations from medical publications, medical authorities and authors.

- It took over 4,000 man hours to secure this data.
- It took 11 researchers to secure and tabulate it.
- 4,000 hours, at 40 hours per week, would require 1 man 2 years to accumulate.
- At \$200 per month, it would cost \$4,800.
- It cost \$500 to print the book — or a total cost of \$5,300.
- More than 600 drugs are listed.
- Penicillin alone has over 600 different toxic drug reactions.
- This report includes recent so-called “miracle” drugs such as anti-histamine, etc.

This is most damning book EVER published against medicine. ONLY The BJP-CC could have had courage to gather, print, and disseminate this evidence. Our Chiropractic skirts have been consistently clean for 55 years. We have kept aloof from anything having any semblance to practice of anything medical; therefore, we can attack anything and everything in practice of medicine with clean hands, in good faith, impervious to challenge as a boomerang against us — something no other school, practitioner, or clinic in our profession could do.

This evidence proves more than anything we have ever said, which we have always contended, that practice of medicine, in any branch, is empiric and arbitrary, possesses no *specific* drug or medication — it is any and every physician's gamble what he prescribes. No matter what drug or treatment any M.D. gives or prescribes, he NEVER knows what reaction would be with any drug on any case.

Penicillin is SUPPOSED TO HAVE a certain definite reaction.

Evidence in this book proves there are more than 600 — no 2 alike.

How about this local Chiropractor who gave penicillin injections? What more OR LESS than medical men does HE KNOW about its reactions, when THEY prove there are over 600?

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These first four books on our research ARE YOURS FREE for the asking.

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This is FIRST TIME in history of ANY health method, including medicine, that ANY clinic has dared scrutinize, break down, and print its findings, based on actual practice on actual sick

cases; place them on public display, and challenge investigation of its data and evidence as presented. We have kept a case-by-case tally card index record of every phase of every case subject and report. Should our evidence be challenged, we can prove its accuracy — something no other report ever published dared do. (See our Pre Lyceum talk given at its opening session, 1950.)

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As our research program is scheduled, there will be 20 more books, each on its own subject. Right now our researchers are breaking down 37 different bits of evidence on tons of spinographs in our case files. We take 10 films on entrance of every case; 4 in a check-set every 2 weeks thereafter. Our gross average, per case, covering 15 years, is  $37\frac{1}{2}$  spinographs — far more than any other clinic of any kind in world. It will require at least 1 year to compile this research report.

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Our next research report following that will be based on more than 37,000 blood slides now in our files which we have taken and kept listed on cases.

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As our reports are scheduled, it will take five years to complete.

There IS something YOU can do to materially hasten that time. If each Chiropractor would send at least ONE problem case per year, to our Research Clinic, we would have more material on which to base our research; more income to keep us out of the red; more income to keep us in black. We could then have more researchers at work, producing these bulletins quicker. At same time, Chiropractor knowing his failure case as he did, proving our results on same with Chiropractic alone, reports which we send him upon dismissing that case would convince HIM of better ways to get worse cases well quicker.

Will YOU help US to HELP YOU?

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Where have we come out in this research? What have we proven? What have we disproven?

1. There is not now, nor has there ever been a vertebral subluxation with its four elements BELOW axis.

2. There ARE misalignments at any and all vertebrae BELOW axis, but they do not cause dis-ease.

3. No Chiropractor has EVER directly adjusted a vertebral subluxation BELOW axis, notwithstanding his unproven disproven opinions.

4. A vertebral subluxation, to cause dis-ease, MUST have FOUR elements.

5. A vertebral misalignment has only TWO elements.

6. Nothing in our fifteen years, on thousands of cases in our research clinic, has ever been adjusted below axis, except one third cervical which was a DISlocation.

7. For first time in history of man, we have discovered and proven existence OF A SPECIFIC CAUSE for all dis-ease.

8. For first time in history of man, we have developed and proven A SPECIFIC CORRECTION for that SPECIFIC CAUSE of all dis-ease.

9. This is something the world has been seeking for 5,000 years. It is now yours. It is your property to respect, to protect, to defend, to use on sick.

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Since this evidence and proof have been offered, in which much of our and your personal opinions have been debunked, a rapid change in our professional thinking and practice has occurred.

All other researchers, outside OUR clinic, are also now confining their work to the occipito-atlantal-axial area—Truscott, Mears, Grostic, Ellis, etc.

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Our research has proven there are but four constants and four variables in atlas and axis subluxations for adjustment for cause of all dis-ease.

We have a few printed sheets illustrating and explaining these, which are yours for the asking as far as they go.

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It has been our pleasure to be with you. It is our fervent hope that Innate Intelligence will give you all greater understanding of the great work before us, which we have but started.



Later:

Friday afternoon talk to convention ran fifteen minutes beyond time allotted. We became interested in our subject and overstepped bounds.

Banquet was scheduled for 8:00 p.m. — too late for us, so we had dinner in dining room at 6:00. One of conventioners reported he asked its president if B.J. was to speak at the banquet. Reply was: "He has already had too much time." Turning to another conventioner, we asked him to verify that statement. Report was: "We will give him FIVE minutes." We had been promised TEN. Our talk had been prepared for TEN minutes. Rather than be played with, or embarrassed, we checked out and did not attend banquet. Probably it was just as well, because banquet was messed up where not even FIVE minutes could have been squeezed in. Nor did anybody speak.

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Following is an invitation to speak before PSC Alumni luncheon. About sixty were present. It was interesting to note that D's C. from other schools came over to our party. We spoke about an hour, holding interest and attention.

Coral Gables, Florida, Oct. 2, 1950.

Dear B.J.:

The PSC Alumni Association of Florida would like very much to have you join them at their annual meeting to be held in conjunction with the Florida State Chiropractors Convention.

We meet for luncheon at noon, on day of banquet.

May we count on having you with us?

Sincerely,

Paul H. Robertson, President

PSC Alumni Association of Florida.

This invitation was accepted. We were elected Honorary President.

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Friday morning, at Sherry-Frontenac Hotel, we were invited to address Palm Beach County Association public meeting in Woman's Club at West Palm Beach. Two different committees pressed the issue. We did not know at time that we were again to be substitute speaker for speaker who did not show up at

Public Civic Auditorium for convention at Miami Beach. About 150 attended. They showed Dr. Dunn's polio film, then the new ICA film, after which we spoke for 40 minutes.

At PSC Alumni luncheon, we spoke against and criticized Dr. Dunn's polio film for two reasons:

1. It perpetuates Ligeros lie regarding discovery of Chiropractic — a book the NCA published after we had refused to do so. Anything we refuse to have anything to do with because of its deliberate misrepresentations, the NCA takes up and presents to profession. One never can understand perversities of NCA men's minds. They memorialize and honor D. D. Palmer at his birthplace with a monument; then deny his right to the discovery of the very thing he so valiantly defended and wrote for. (See our story of AN EXPOSE OF THE LIGEROS FALSEHOOD, page 67, Volume xxiii, Palmer, 1950.)

At same time they denied him his discovery, they also tried to make it appear that "I have never felt it beneath my dignity to do anything to relieve human suffering" meant that D.D. was world's greatest mixer hoaxer grafter of sick humanity. (See our story, page 49, FIGHT TO CLIMB, Volume xxiv, Palmer, 1950.)

2. In motion pictures they present pictures of a supposed-to-be Chiropractor doing everything else but adjusting cause of polio; treating disease in any other way but the principle and practice laid down by D. D. Palmer.

For these reasons, film is disgusting.

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That evening, after lecture under auspices of Palm Beach County Association, we wanted to test out and see if the G-P-C principle would work in practice. A committee came to our room and asked what our fee was. Rather than state a price, we said, "We will leave that up to you." There was much hesitation, some conversation between members, some chit-chat back and forth. Finally, we were given \$40. Mind you, we are not complaining; we asked for it. We spoke 40 minutes, so it was \$1 per minute. We were on vacation, were a substitute speaker for same person who did not show up at Miami Beach State Convention. We made no previous arrangements as we always do before we leave home on all occasions when invited to speak

before a convention. Had we been invited from home (1500 miles away), we would have set a minimum price of \$500. G-P-C plan gave us \$40. We are satisfied that our actual expenses would have been at least \$400. At that, perhaps we got what we were worth. Perhaps we delivered only \$40 worth. Who is to say aye or nay? Perhaps the Committee wanted to get the best for the least. Who is to be judge? We are not complaining, but just stating an example of how G-P-C plan worked with a public speaker. If it works this way with patients, we pity the Chiropractor.

We drove 70 miles out of our way, lost one day's vacation; actual outlay was \$32, including motel and three meals.

## CHAPTER 39

### The Story Of WHO CAN ANCHOR TO AN UNANCHORED MIND?

In FIGHT TO CLIMB, Volume xxiv, Palmer, 1950, page 438, Question 241 and its answer, we listed multiple extraneous medical practices Leo Spears uses in his hospital.

In fall of 1950, we sent a letter to our profession re a format for 1951 Lyceum. In answer to our letter, Leo Spears writes:

"November 29, 1950.

"Dear B.J.:

"I am planning on visiting your 1951 Lyceum. I AGREE WITH MANY OTHERS THAT CHIROPRACTIC SHOULD BE THE CENTRAL THEME AND THAT LITTLE OR NO TIME SHOULD BE WASTED ON OTHER SUBJECTS.

"As far as I am concerned, A GOOD CHIROPRACTIC LECTURE IS THE GREATEST FEAST IN THE WORLD. Other types of picnics do not interest me.

"May God continue to bless you with good health and may the years treat you kindly. We need you for many years to come.

"Leo Spears."

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"NO TIME SHOULD BE WASTED ON OTHER SUBJECTS."

What is good for the gander should be sauce for the goose. How about all "other subjects" Leo wastes time on, which we published in Answer to Question 241? (Vol. xxiv, Fight To Climb)

Inconsistency, thy name is Leo Spears!

## CHAPTER 40

### The Story Of "DOING WHAT YOU CAN"

By M. Dean Chance, D.C., Ph.C., Coral Gables, Fla.

Far out in the Pacific in the Hawaiian archipelago, stands the island of Molokai — the most isolated spot in the world. To this island are committed people with leprosy.

Many years ago, a Catholic priest left Boston, Massachusetts, to spend his life among these people — but he took with him the ideas of freedom and democracy of his homeland and they, too, came to love the homeland of their Father.

Each morning, on highest peak, the Stars and Stripes was raised on high — till setting of sun. Also many years ago, these people found that the Great American Naval Fleet was somewhere in the Pacific on a round-the-world tour. Each day these lepers would climb the mountains and scan the vast Pacific, hoping to catch a glimpse of the U. S. Naval Fleet — for it had also become their fleet.

Word reached the White House how these people on the island of Molokai were anxiously waiting, and it was well known there that the fleet would not pass anywhere near the island. Orders were immediately issued by President Theodore Roosevelt to his Commander to change its course; and one morning as these lepers were scanning the Pacific, the U. S. Naval Armada steamed into full view and came as close as they dared to the Island of Molokai. As each ship passed the Stars and Stripes raised on high, it dipped its ship banner in tribute to what that flag had come to mean to these people. The moral of this story is that this Catholic priest, even though he was isolated from his homeland which he loved so much, was doing what he could to keep alive his ideals of his country.

In everyday life, most of us have accepted the philosophy of life that each of us is insignificant and capable of doing little. We see around us many things with which we disagree — but excuse our inaction by saying, "What could I do, anyway?"

A few years ago, a group of people united, known as Christophers. They refused to accept this philosophy of life, and said

everyone is capable of doing great things and making many changes in this world of ours if we will do what we can. It wasn't long before we began to hear of great accomplishments by so-called little people. Probably the most dramatic was a few years ago when people of the world picked up their newspapers and learned that a Russian school teacher had chosen a dramatic leap to freedom from the Russian Consulate in New York City — catching no less a personality than Molotov in a deliberate lie.

But what is the story behind the story? Where did it all start?

One Sunday morning a little insignificant Connecticut housewife picked up the morning paper and read that this school teacher was being held prisoner against her will. She was so incensed with the idea that anyone in her land of freedom could be held against her will that she decided to do what she could — for she, too, was a Christopher. She called her brother who had legal training, and was so insistent that something should be done that by Monday morning she had a "writ of habeas corpus" which was delivered to the Russian Consul as he left his car. This was done when the great state of New York and the United States Government seemed powerless to act.

When knowledge of the "writ" reached the public, crowds began to gather around the Russian Consulate, and this school teacher in a half-drugged stage, realized that people did care about her; she chose her dramatic leap to freedom. This had its repercussions around the world — all started by an insignificant Connecticut housewife — Doing What She Could.

Chiropractic has reached the dividing of the ways. "THE HOUR HAS ARRIVED" when each of us must ask ourselves this most important question: "AM I DOING WHAT I CAN TO PROTECT AND PRESERVE THE B. J. PALMER CHIROPRACTIC?" Why do I paraphrase Chiropractic with B. J. Palmer? Because, to me, B. J. Palmer and Chiropractic are synonymous, and because the Chiropractic he has spent a lifetime building is the Chiropractic which must survive in years to come.

Let us briefly review the life of a man; for as we review his life we review the development of the greatest principle that has been handed mankind in the 20th century — "THE UNINHIBITED MAKE HISTORY."

His father gave him an idea, but even as a boy he had VISIONS of the far and was not blinded by ILLUSIONS of the

near. Realizing greatness of Chiropractic from very beginning, he gave this principle to mankind. This vision caused a riff between father and son which was never to be mended.

From very beginning down to the present day, there have been scars and heartaches caused by breaks with personalities, which interfered with the survival of the great idea. To him, perpetuation of the principle of Chiropractic has been the important objective of his life. As he climbed the ladder of success and accomplishment for Chiropractic — rung by rung — year by year — many have stood in the way and had to be put aside to reach the big objective.

Let us never forget "STUBBORN FACTS" of the "FIGHT TO CLIMB." From a so-called illiterate alley rat to a recognized authority of science, travel, radio, and business; from an upstairs room to an institution covering four city blocks; from one man to the second largest healing profession; from one city to all over the world; from a few patients to thirty million annually; from a crude theory to a proven scientific fact — as the man B. J. Palmer has grown, so has the science of Chiropractic — "UP FROM BELOW THE BOTTOM."

Many of us have been prone to criticize: "B.J. said this — B.J. did that — B.J. didn't do so and so", forgetting the lifetime of accomplishment. WHO, in this 20th century, has put into the hearts and hands of so many the ability to do so much for the good of mankind? WHO has given his life so unselfishly to devotion of duty and service? The inspiration that this one man has given the Chiropractic profession is one of the main "REASONS FOR MY FAITH" — and if you will analyze your reactions, it's yours also. It is living proof of the existence of a Universal Intelligence when B. J. Palmer was placed at the helm of Chiropractic in its formative years — "THE BIGNESS OF THE FELLOW WITHIN."

There is no longer room or time for the grandstand quarterbacks or television generals. The "WORLD'S GREATEST DUAL ROBBERY" is on — the evidence is clear. Pseudo-Chiropractic is the "SUBLUXATION SPECIFIC" — its elimination is the "ADJUSTMENT SPECIFIC". "CHIROPRACTIC HAS EARNED THE RIGHT TO LIVE — CHIROPRACTORS HAVE EARNED THE RIGHT TO SERVE" — only as long as we pro-

tect those rights. The survival of Chiropractic is dependent upon what YOU and I do — "IT IS AS SIMPLE AS THAT."

It comes back to the question: What Can I Do? There is an old Chinese proverb: "The man who removes a mountain begins by carrying away small stones." There are certain stones each of us can carry — but are we carrying them?

1. Am I in everyday practice practicing the Chiropractic that must survive?

2. Am I passing on to patients the greatness of the Chiropractic principle — so they, too, can help in this struggle?

3. Am I opposing with all my might the infiltration of Chiropractic by false gods?

4. Am I passing on to new generations of Chiropractors the inspiration I have been fortunate in receiving?

5. Am I helping to get legal recognition in other states less fortunate than my own?

6. Am I joining with my Chiropractic brothers across the nation by being a member of the ICA in its struggle to preserve Chiropractic as a separate and distinct science?

If not, why not? No excuse is acceptable.

These are concrete things all of us can do — plus a lot more. Time is short — we must begin "CROWDING THE HOUR" to make every minute count in this struggle for the survival of B. J. Palmer Chiropractic.

If you think you'll lose, you're lost  
For in this world you'll find  
Success begins with a person's will,  
It's all a state of mind.

Life's battles are not always won  
By the stronger or faster man.  
For sooner or later the man who wins  
Is the fellow who thinks he can.

I have one plea to the Chiropractic profession: If you who believe in the greatness of the Chiropractic principle would become Chiropractic Christophers (as tho you are in your own island of Molokai), and DO WHAT YOU CAN for the protection, preservation, and perpetuation of the Chiropractic which Dr. B. J. Palmer has given you, nothing in this whole wide world can stop the upward swing of Chiropractic.



## CHAPTER 41

### The Story Of IDENTIFIED BABIES

Years ago, various Chiropractors, feeling a sense of loyalty to Chiropractic and its developer, began to name their babies after us. Boys were named "Palmer", girls "Palmera"; or with initials "B.J.", such as Bonnie Joan, Billy Jane, Bonita Jacqueline, Beverly Jean, etc.

Being a hobbyist, liking to collect things, we asked for fotos of all babies so named. We assembled them for a while. In the hallway of The B. J. Palmer Chiropractic Clinic is a large frame with about one hundred such baby fotos. Chiropractic movement grew, patients' lives were saved, baby population multiplied. Babies so named increased faster than we could assemble fotos. We gave it up.

Roughly, we would guess there are between 500 and 700 named in one of the three forms. Every once in a while, as we travel, we are introduced to a new baby, some two or three years old, some ten or twenty, and occasionally we run into young men and women so named.

This generation of "Palmer", "Palmera", and "B.J." grew up. Today we have many as Chiropractors, proud to use their name so designated. On this recent trip to Florida we stopped at Daytona Beach and again met "Palmera" Kabana. We knew her almost before she was. Now we know her as a Chiropractor, and we are proud of her — and almost all of those so named. Here and there is one who does not live up to the heritage of that name, but that is to be expected.

All this is a tribute we appreciate. May years to come bring forth many more.

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